## 161436

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## COVER LETTER

	vision of Corp		
SUBJECT	KPS Lauder	hill 26 LLC	
SUBJECT		Name of Limi	ited Liability Company
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please retu	m all correspor	dence concerning this matter	to the following:
		Jacobo Kamhazi	
			Name of Person
			Firm/Company
		92 Terracina Avenue	• •
			Address
		Golden Beach, FL 33160	
		jacobokamhazi@icloud.com E-mail address: (t	City/State and Zip Code  City/State and Zip Code  Code
For further	information co	ncerning this matter, please ca	
<u>Ja</u>	cobo f	Samhazi	a1(786) 261-8310
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	a check for the	e following amount:	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address	<del>-</del>	Street Address:
	egistration Se ivision of Co		Registration Section Division of Corporations
	O Box 6327	•	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KPS Lauderhill 26 LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	· <del></del>
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000161436</u>		and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		2022 A SECT
(Mailing address MAY BE A POST OFFICE BOX)		
		-9 PH
		0F - F
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ume of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del> </del>	, Florida	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
мемв	Jacobo Kamhazi	92 Terracina Avenue	□Add
		Golden Beach, FL 33160	□ Remove
		•	<b>■</b> Change
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