L22000267707

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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24 AUG 19 PM 4:1

Law Office of Ronald Rohde, PLLC 8350 N Central Expwy Suite 1150 Dallas, TX 75206 (972) 619-9903 info@ronaldrohdelaw.com www.ronaldrohdelaw.com



August 12, 2024

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

VIA PRIORITY MAIL: 9405 8301 0935 5122 7862 86

Re: Articles of Amendment

Dear Registration Section,

I am writing to submit Articles of Amendment for the following LLCs, along with the corresponding filing fees:

- 1. Canoe Creek Falls LLC -Document #L22000267707
- 2. Lake Nona Office LLC -Document #L17000118685
- 3. Caladium LLC -Document #L22000267816
- 4. K & K Florida Properties, LLC -Document #L12000066955
- Citrus Tower Office, LLC -Document #L06000050098
- 6. 620 Marks LLC -Document #L22000495564
- 7. Dazzle Services LLC -Document #L22000222874
- 8. Seatonham LLC -Document #L22000267813
- 9. Andalusia LLC -Document #L22000267809
- 10. Briar Patch Loop LLC -Document #L22000272743
- 11. Afton Cir LLC -Document #L22000272734
- 12. Tupelo Trail, LLC -Document #L22000221208

Please find enclosed a check in the amount of \$300 as payment for the filing fees related to these amendments.

Should you require any additional information or documentation, please do not hesitate to contact me at 972.619.9903 or Info@ronaldrohdelaw.com.

Thank you for your prompt attention to this matter.

Sincerely,

Ronald Rohde, Esq.

COVER LETTER

	Name of Limi	ted Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.				
Please return all correspo	ndence concerning this matter t	to the following:				
	Ronald Rohde					
		Name of Person				
	Law Office of Ronald Roho	de, PLLC				
		Firm/Company				
	8350 N Central Expwy. Ste 1150					
	Address					
	Dallas, TX 75206					
	City/State and Zip Code					
	info@ronaldrohdelaw.com	to be used for future annual report notifi-	cation)			
For further information c	oncerning this matter, please ea		curon,			
Ronald Rohde		+i 9726199903 at ()				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres	<u>ss:</u>	Street Address:				

Registration Section
Division of Corporations

TO:

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Canoe Creek Falls LLC

company has been notified in writing of this change.

: LED

(Name of the Limited Liability Company as it now appears on our records AUG 19 PM 4: 12
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/13/2022 TALLAHASSE and assigned Florida document number L22000267707 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
AMBR	Kakeko Holdings, LLC	30 N Gould St, Ste R, Sheridan, WY 82801	■Add
			□Remove
			□ Change
AMBR	Achong. Ronald	3180 Citrus Tower Blvd, Clemont, FL 34711	🗀 Add
			■Remove
			□Change
AMBR	Tsang, Shirley	3180 Citrus Tower BlvdClemont, FL 34711	□Add
			Remove
			□Change
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Note: 11 t	date, if other than the ve date is listed, the date in this 's effective date on the	Department of	State's record	S.				
If the record s record is filed	pecifies a delayed effec	tive date, but r	ot an effective	time, at 12:01 a.	m. on the earlier of	î (b) The	90th day	y after the
Ju Dated	ly 31			·				
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	All Vie	Signature o	f a member or at	thorized represent	ative of a memner			

Filing Fee: \$25.00