## L22000320305

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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations							
SUBJECT:	KXL GMFCC Name of Lim	ited Liability Company	<u> </u>					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:						
	Kei	Name of Person						
	K & L	Gulfcoast Holds Firm/Company	igs LLC					
	<u>5342</u> C	Nark Pd. 30035	suite 1126					
	<u> </u>	Soto, FL 3423 City/State and Zip Code	Suite May CF STATE  Site of STATE  fication)					
For further information c	E-mail address: (		fication)					
		at ( <u>941)</u> 23-2 Area Code Daytim	o 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 Registration S	Section	Street Address: Registration Sec						
Division of C P.O. Box 632	-		Division of Corporations The Centre of Tallahassee					

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & L BUIFER	ist Holdings
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 32003305</u> .	pany were filed on 71/9/2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
K + R Gulfroust H	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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 ADDRES	(S)
Enter new mailing address, if applicable:	
••	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
Name of New Registered Agent:	Roland C. Phillips
New Registered Office Address:	Enter Florida street address
	i mer v tortaa sireet aaaress
	, Florida
	City 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 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>	<u>Name</u>	Address	Type of Action
Manager	Roland C. Phillips	636 Sherwood Dr.	<b>[</b> \$\)
		636 Sherwood Dr. Altamonte Springs Fo	
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