

L22000338399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

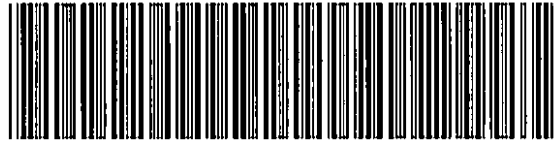
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KTPM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Sloan

Name of Person

KTPM LLC

Firm/Company

4920 Old Oakleaf Dr

Address

Sarasota, FL 34233

City/State and Zip Code

john@keyrentertampa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Sloan

480

8688994

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 DEC 27 PM 12:11
SECRETARY OF
THE ARMY

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Benjamin Schwab, MGR	154 Sedona Way	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Sloan	4920 Old Oakleaf Dr	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Sloan, AMBR	4920 Old Oakleaf Dr	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12-20 11, 2020

Signature of a member or authorized representative of a member

John S/O AN

Typed or printed name of signee