## L220003383999

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RECEIVED 2022 DEC 27 AM 9: 23

2022 DEC 27 PH 12: 12

## **COVER LETTER**

	Division of Corpo			·	*
	KTPM LLC				
SUBJEC	.T:		Name of Lim	ited Liability Company	
The encl	osed Articles of A	.mendmer	nt and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	dence cor	cerning this matter	to the following:	
		John Sl	oan		
		• •		Name of Person	<del></del>
		КТРМ	LLC		
		-		Firm/Company	
		4920 C	ld Oakleaf Dr		
				Address	
		Sarasot	a, FL 34 <b>2</b> 33		
		iohn@k	eyrentertampa.com	City/State and Zip Code	
			*	to be used for future annual report	notification)
For furth	er information co	ncerning 1	his matter, please ca	ali:	
John Slo	oan			480 8688994 at ( )	
	Name of	Person			time Telephone Number
Enclosed	is a check for the	followin	g amount:		
<b>≣ \$</b> 25.	00 Filing Fee		00 Filing Fee & tificate 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 So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporatio			Section Corporations of Tallahassee nroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 DEC 27 PH 12: 11
SECRETAL PARTS
LATERATIVE PROPERTY.

KTPMILL

KTPMILLC		
( <u>Nam</u>	e of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Florida document number <u>L2</u>	s Limited Liability Company 000 338399	were filed on $9-1-22$ and assigned
This amendment is submitted to am	end the following:	
A. If amending name, enter the n	ew name of the limited liabi	ility company here:
The new name must be distinguishable and	l contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices addre	ss, if applicable:	4920 Old Oakleaf Dr
Principal office address MUST B		Sarasota, FL 34233
Enter new mailing address, if app	dicable:	4920 Old Oakleaf Dr
Mailing address MAY BE A POS		Sarasota, FL 34233
Manual Control of the		
B. If amending the registered age agent and/or the new registered o	ffice address here:	address on our records, enter the name of the new registe
New Registered Office Ac	ldress:	Enter Florida street address
		, Florida
New Registered Agent's Signature, i	f changing Registered Agent:	
provisions of all statutes relative accept the obligations of my posit	to the proper and complete tion as registered agent as p ange in the registered office	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
	If Chan	nging 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
MGR	Benjamin Schwab, MGR	154 Sedona Way	
		Palm Beach Gardens, FL 33418	□Remove
			Change
MGR	John Sloan	4920 Old Oakleaf Dr	□Add
		Sarasota, FL 34233	■Remove
			□Change
AMBR	John Sloan, AMBR	4920 Old Oakleaf Dr	<b>A</b> dd
		Sarasota, FL 34233	□ Remove
			□Change
		<del></del>	🖸 Add
			□ Remove
			□Change
		<u> </u>	□Add
			□Remove
		<del></del>	□Change
			□Add
			□ Remove
			Change

f ame	ending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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ian effe Note:	If the date inserted in thi	the date of filing:
recore		ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	12-20	A. 2022 J
		Signature of a member or authorized representative of a member
		5/2611
		Typed or printed name of signee