## 122000365872

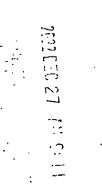
(Requestor's Name)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
(Address)
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO:

	Registration Se Division of Cor			•	, ·
		BOURNE LLC	•	;	
SUBJEC	JT:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		William Sheldon			
			Name of Person		
		KSS Melbourne LLC			
			Firm/Company	_	7.27
		220 Forest Trail			3.3
			Address		27
		Oviedo, FL 32765	•		::
			City/State and Zip Code		
		wssheldon@gmail.com			
For furth	er information c	E-mail address: ( oncerning this matter, please c		ntication)	
	Sheldon		386 233-1053		
	Name o	f Person	Name of Limited Liability Company  ent and fee(s) are submitted for filing.  oncerning this matter to the following:  am Sheldon  Name of Person  Melbourne LLC  Firm/Company  Forest Trail  Address  do, FL 32765  City/State and Zip Code  Idon@gmail.com  E-mail address: (to be used for future annual report notification)  g this matter, please call:  at (		
Enclosed	l is a check for th	ne following amount:			
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificat Certified	e of Status & Copy
	Mailing Addres Registration S			ection	
	Division of C	Corporations			
	P.O. Box 632				10
	Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 8.	i <b>U</b>

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KSS MELBOURNE LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comp	any were filed on 08/19/2022	&	and assign	ned
lorida document number L22000365872				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbrevia	tion "L.L.C	· · ·
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
		,	207	
Inter new mailing address, if applicable:		<u> </u>	- <del>[2]</del>	. C."
Mailing address MAY BE A POST OFFICE BOX)		-1.	C	<u> </u>
		·	27	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation  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 agent and/or the new registered office address here:  Name of New Registered Agent:		٠.		
	ice address on our records, <u>enter th</u>	e name of t	he new r	egisi
gent and/or the new registered office address here:		-	_	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	City	Zij	o 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>	<u>Address</u>	Type of Action
MGR	Lexcor Investments Melbourne LLC	220 Forest Trail, Oviedo, FL 32765	<b>\</b> Add
			□Remove
			□Change
MBR	William S. Sheldon Jr	220 Forest Trail, Oviedo, FL 32765	□Add
			■Remove
			□Change
MGR	King Investments of Viera LLC	12464 Park Ave, Windermere, FL 34786	\exists Add
			Remove
MGR	Dahlia Trades, LLC	511 Rutile Dr. Ponte Vedra Beach, FL 32082	
			Remove
		<del></del>	□Change
	<del></del>		□Add
			□Remove
			□Change
. =			🗀 Add
			□Remove
			□Change

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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be pr	ior to date of filing or more than 90 days after filing.) Pursuant to 6 licable statutory filing requirements, this date will not be I	
cument's effective date on the Department of State's recor		13100
ecord specifies a delayed effective date, but not an effective s filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day a	iter ti
s nicu.		
December 22, 2022		
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	7	
Aust the del	thorized tepresentative of a member	

Filing Fee: \$25.00