(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
- stred Copies Certificates of Status
elected Instructions to Filing Officer:
J. HORNE
NOV 2 2 2022

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
<i>D</i>	KD Sugarable	10	
SUBJECT:	KP Suncoust 1	nited Liability Company	
		νου σποστή του μπο	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_		
	Paki	ch Venny	
		Ck Kenny Name of Person	
	~ ~.		
	hkb?	Firm/Company	·
		, ,	
	295 Da	pomenado Cir	
		Address	
	, ,		
	_ Lûke y	Address Nay, FL 32740 City/State and Zip Code or as er @ yaha. Water to be used for future annual report not	0
`.	- I	City/State and Zip Code	
	Pkapp	rasere janos.a	<u>)M</u>
			(fication)
For further information c	oncerning this matter, please c	all:	
Dr trick	V 0 - 0:	587. 116	C 7 :5
Patrick Name o	f Person	at (<u>586)</u> (615 - 1	ne Telephone Number
		•	
Enclosed is a check for the	ne following amount:		
图 \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55,00 Filing Fee &	□ S60,00 Filing Fee,
-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	~	,,	(additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address:	ation
Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of 7	-
Tailahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

v	ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on $\frac{10/4/22}{}$ and assigned
Florida document number <u>L 22000428962</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here: N/Q
	STREET (CONTROLLED)
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: /	N/A
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: M/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter the name of the new register</u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
ew Registered Agent's Signature, if changing Registered	City
haraby source de	1 Agent: N/A
rovisions of all statutes relative to the proper and	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and tent as provided for in Chapter 605, F.S. Or, if this document is

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
MÉR	Patrick Kenny	295 Promenade Cir Lake Miry, FL 32746	LY/\dd
1. 412		Lake Mary, FL 32746	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□ Remove
			□Change
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Note: 11	te date, if other than the date of filing: (optional) tive 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 605.020 filthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a not's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	November 18 . 2022 . Signature of a member or authorized representative of a member
	/ · /C = -/
	Signature of a member or authorized representative of a member