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# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KMP REAL ESTATE V, LLC

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

→ 18506176383

KMP Real Estate V, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on November 7, 2022 and assign and assign and document number L22000475883				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	424 NF, 5th Street	F-3		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	·		
		<u> </u>		
Enter new mailing address, if applicable:	424 NE 5th Street			
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432	?		
		-		
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new reg		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	T		
	, Florida _			
<del></del>	City	Zip Code		

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 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>	Name	Address	Type of Action
MGR	Peter M. Kaplan	7031 Islegrove Place	□Add
		Boca Raton, FL 33433	_
MGR	Kara K. Freedman	424 NE 5th Street	■Add
		Boca Raton, FL33432	
			□Add
			□Remove
			Change
		-	CJ Add
			Remove
			[] Change
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change

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Effective date.	if other than the date of filing: (optional) 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
Note: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effec	ctive date on the Department of State's records.
he record specifies	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	a delayed effective date, our not air effective finite, at 12.01 a.m. of the earlier of (0) the your day after the
Dated	October 6 2023
	De Wood has
	Signature of a member or authorized representative of a member
	From MA V. No.
	Typed or printed name of signee