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(Re	questor's Name)	
(Ad	dress)	
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(Do	ocument Number)	
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COVER LETTER

TO:

TO: Registration Section of Corp.			
SUBJECT: KROB		imited Liability	t Combany
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kendell Ha	Name of Person	
	KROBIN HOM	es limited Liabili	ty company
	912 Drew S	treet suite 102	
	Charwater, F	Address L 33755 City/State and Zip Code	2003 Littl 17 Ft 2: 23
	E-mail address: (to be used for future annual report not	ification)
For further information col	ncerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
Kendell No	xdges	at (813) 130-2 Area Code Daytin	
Enclosed is a check for the	following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Khobin Homes Limited Liability Company

(Name of the Limited Liability Compa (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 22, 202	and assigned
Plorida document number <u>L220004986243</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	912 Drew Street Si	
Principal office address MUST BE A STREET ADDRESS)	Mearwater, FL 33755	2, 23
		() (2)

Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		, is is
		23
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the <u>nam</u>	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:	C. D. T. U	
	Enter Florida street address	
	, Florida	Zip Code
	C FF	ир Соае

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Ma	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			Remove
		11 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /	Change
			□Remove
			□Change
			□Add
			
			□Change

_____ □Add

______ □Remove

_____ □ Change

amending new address from	4204	Knob	Lake
		1 0 0	Counc
Ct Tampa, FL 33619 +0			,
912 Drew St Suite too 102			
Clearwater, FL 33755			
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			<u>22</u>
tive date, if other than the date of filing:	6	optional)	
ffective date is listed, the date must be specific and cannot be prior to date of filing or me	ore than 90 days	after filing.) Pur	
If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	g requirements	s, this date will	not be list
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier o	of: (b) The 90	th day after
līted.			
līted.			
īled.			
Mendell Hodgy Signature of a member or authorized representative			