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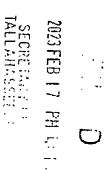
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RICHARD P. CATON, P.A. ATTORNEY AT LAW

RICHARD P. CATON, ESQUIRE ALSO ADMITTED TO KENTUCKY BAR 10863 PARK BOULEVARD SUITE 5 SEMINOLE, FLORIDA 33772 TELEPHONE (727) 398-3600 FACSIMILE (727) 393-5458

February 16, 2023

SENT VIA UPS

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: FRONTIER HOMES AND DEVELOPMENT, INC. and KD FIRST, LLC ARTICLES OF AMENDMENT

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Incorporation of Frontier Homes and Development, Inc. and Articles of Amendment to Articles of Organization of KD First, LLC together with a check in the amount of \$60.00 for filing fees.

Please acknowledge receipt of this correspondence by stamping the extra copy and returning it to the undersigned in the self-addressed stamped envelope which has been provided for your convenience.

Should you have any questions, or if I may be of further assistance to you, please do not hesitate to contact me.

*

Very truly yours.

Richard P. Caton

RPC/pas Enclosures

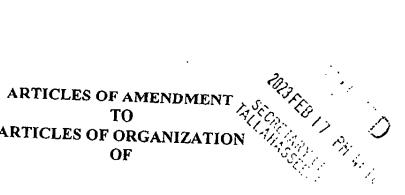
The undersigned ac described above.	knowledges receipt of the	e document
Dated this	_day of	2023.

COVER LETTER

TO: F	Registration S Division of Co	Section orporations		
SUBJECT	KD FIRST	LLC		
300000		Name of Li	mited Liability Company	
The enclos	sed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please retu	ırn all corresp	ondence concerning this matte	r to the following:	
		RICHARD P. CATON, E	esq.	
		,	Name of Person	
		RICHARD P. CATON, P	.A.	
			Firm/Company	
		10863 PARK BLVD., SU	ITE 5	
			Address	
		SEMINOLE, FL 33772		
			City/State and Zip Code	·
		psinopoli@catonlaw.com		
			to be used for future annual report not	ification)
For further	information e	oncerning this matter, please of	all:	
Patricia Sir	nopoli 		727 398-3600 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
€ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate 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)
Re Di P.0	ailing Addresses state of Control	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION



KD FIRST LLC

company has been notified in writing of this change.

(Name of the Um)	ted Liability Comi (A Florida Limited	pany as it now appears of Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L220000516629			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o		bllity company borse	
IN/A			
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company "the design	W. J. Co.
Enter new principal offices address to			ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE I	ROYO		
	<u> </u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	address on our recor	is, enter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida str	eel address
		•	
N		City	, Florida Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		-
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	agent and agre	ee to act in this capac performance of my d rovided for in Chapt address Them.	city. I further agree to comply with the uties, and I am familiar with and er 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

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>	Address	Type of Action
AMBR	KRISTINE HABIB	13760 89TH AVENUE, SEMINOLE FL 33776	🗏 Add
			□Remove
			□ Change
AMBR	DAVID HABIB	13760 89TH AVENUE, SEMINOLE, FL 33776	= Add
			Remove
			Remove
			Change
			DAdd
			□Remove
			Change
			🗆 Add
			DRemove
			Change
			DAdd
			□Remove
			Change

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Effecti If an effe Note: docum	ive date, if other than the date of filing: ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	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
c record rd is file	
	2023
	Lite Alexander
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00