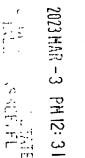
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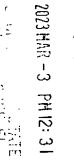
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS — ""
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO. NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, February 21, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: KAR REAL ESTATE GROUP, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

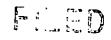
TO:	Registration Sec Division of Corp			
SHRIE	CT: KAR REA	AL ESTATE GROUP, L	10	
190031	.CT. <u>IVAN.IXE</u> E		ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ead
		<u> </u>	Name of Person	
		Proc	essing Department	
		1100	Firm/Company	
			45014	
			450 Vassar St	
			Address	
			Reno, NV 89502	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For fur	ther information ec	oncerning this matter, please ea	all:	
	Processi	ng Department	., , 800 \ 638-2320	n
	Name of			me Telephone Number
Enclos	ed is a check for th	e following amount:		
☑ \$2.	5.00 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 tadditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 MAR - 3 PH 12: 31

	AL ESTATE GROUP	, LLC	5 Oh . Att
(Name of the Limited Liab (A Flori	ility Company as it now app ida Limited Liability Company	ears on our records.) y)	TALLAMÁSSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on	12/23/22	and assigned
Florida document number L22000536172			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," th	e designation "LLC" o	or the abbreviation "l.,l.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		_	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records,	enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter l	lorida street address	
	Circ	Flori	ida
	cuir		$z_{ip} \in oae$

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>	Address	Type of Action
MGR_	Kenneth Andrew Rober	2702 Child St	
		Ocoee, FL 34761	☐ Remove
			Change
MGR_	Kenneth Andrew Roberts	2702 Child St	☑ Add
		Ocoee, FL 34761	Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
			
			Remove
			☐ Change
			Add
			☐ Remove

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Effect If an ef	ive date, if other than the date of filing: N/A (optional) fective 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 bent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	2/21 2023
	Signature of a member or authorized representative of a member
	and the state of t
	Kenneth Andrew Roberts

Page 3 of 3

Filing Fee: \$25.00