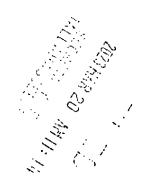
L2300005838

(F	Requestor's Name)
A)	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
<u> </u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:
J	. HORNE
М	AR 2 1 2023

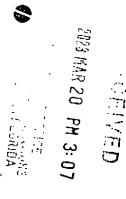




800403557628









115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/20/2023				
Name:	Greg Pintac	uda	-		
Reference	#:19335	563	_		
	ne:		ENTALS LL	С	
	cles of Incorporation/				
✓ Ame	endment				
☐ Cha	inge of Agent				
Reir	nstatement				
☐ Con	iversion				
☐ Mer	ger				
☐ Diss	solution/Withdrawal				
☐ Ficti	itious Name				
Oth	er				
Authorized	Amount:	\$25			
Signature:	417	7-5			

P: 800.221.0102

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/20/2023	_	
Name:	Greg Pintacı	ıda	
Reference	#: 19335 6	63	
		KBHW RENTALS LLC	
		uthorization to Transact Business	
√ Ame	endment		
Cha	nge of Agent		
☐ Rein	nstatement		
☐ Con	version		
☐ Mer	ger		
☐ Diss	olution/Withdrawal		
☐ Ficti	tious Name		
Othe	er		
Authorized	Amount:	\$25	
Signature:	413627		

F: +852,2682,9790

COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	KBHW Re			
SUBJE	∠I; <u> </u>		nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing	
		ondence concerning this matter	-	
		Sonia K. Lowe, Paralegal		
			Name of Person	
		Baker & Hostetler LLP		
			Firm/Company	
		200 Civic Center Drive, S	uite 1200	
			Address	
		Columbus, Ohio 43215		
			City/State and Zip Code	
		devans@bakerlaw.com		
		E-mail address: (to be used for future annual report in	otification)
For furth	er information c	oncerning this matter, please c	all:	
Sonia K	. Lowe		614 598-3033 at ()	
	Name o	f Person	Area Code Dayt	ine Telephone Number
Enclosed	l 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)
	Mailing Addres Registration S	Section	Street Address: Registration S	
	Division of C P.O. Box 632		Division of Co The Centre of	
	Tallahassee. I			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V

The Articles of Organization for this 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 02/01/2023 and assigned Florida document number 1.23000058838

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation" LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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 Forbes Lilford	8297 Championsgate Blvd.		
		#399	□Remove
		Championsgate, FL 33896	□Change
MGR	MGR Headstrong Vacation Homes LLC	8297 Championsgate Blvd.	□Add
		Suite 399	
		Championsgate, Fl. 33896	=c1
MGR	Wolves Paws LLC	8297 Championsgate Blvd.	□Add
		Suite 399	⊠ Remove
		Championsgate, FL 33896	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

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Note: 1	e date, if other than the date of filing:
he record ord 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 _	. 2023
	Signature of a member or authorized representative of a member
	Forbes Lilford
	Typed or printed name of signee