123000064348

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
	KCS Realty			~ •
SUBJE	CI:		ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Aharon Brisk		
			Name of Person	
		KCS REALTY	LLC Firm/Company	
		9440 ABBOT	T AVENUE Address	
		_	City/State and Zip Code @ GHAIL. COM to be used for future annual report noti	
For furth	her information co	oncerning this matter, please ca		reality,
Stewart 1750	M. Mirmelli, Esq 「AMES」 AVE Name of	Person 3	FL at () Area Code Daytim	e Telephone Number
Enclose	d is a check for the	e following amount:		
≡ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	ction .

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCS Realty LLC		?^^.: 100
(<u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L23000064348	Company were filed on February 3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	Cirv	, Florida Zip Code
	CIV	zap Coae

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hershy Brisk	9455 COLLINS AVE. # 704 SURFSIDE FL 33154	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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