Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20080000033

Phone

: (305)644-3055

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: (305)644-3052

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			COVERIJE	TTER		
	Registration Section Division of Corpor		• •	•	er e	
SUBJEC	12311 KB2232	0 LLC	:		•	
SUBJEC	· · · · · · · · · · · · · · · · · · ·	N:	e of Limited Liability Comp	any		
The enclo	osed Articles of Am	endment and fee(are submitted for filing.			
Please re	turn all corresponde	nee concerning th	matter to the following:			
		ENNA DIEPPA				
			Name of Per	ron		
		KRISJOENNA@				
			Firm/Compa	iny		
		2141 SW 1 ST S	E 110	, <u></u>		
			Address			
		MIAMI,FL 3303				
			City/State and Zi	p Code		
]	KRISJOENNA@				
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	Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	orations	. R D T 2	reet Address: egistration Section livision of Corpora he Centre of Tallal 415 N. Monroe Str allahassee, FL 323	tions hassee cet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12311 KB22320 ELC		
(Name of the L	imited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limito	d Liability Company were filed on 04/03/2022	and assigned
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nam	e of the limited liability company here:	
123 1 KBS22320 LLC		
The new name must be distinguishable and contain	he words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if ap	plicable:	
(Principal office address MUST BE A STI	REET ADDRESS)	
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI	CE BOX)	
D. If amonding the registered agent and	or registered office address on our records, e	nter the name of the new registers
agent and/or the new registered office ad		
		202
Name of New Registered Agent:		3 A22 R
New Registered Office Address:		
THE TREE TO THE TENTE OF THE TE	Enter Florida street d	oddress W
		, Florida 📩 🚆
:	City	- '_Zip Ç≱de ⇔
New Registered Agent's Signature, if chang	ing Registered Agent:	<u>~~</u>
provisions of all statutes relative to the p accept the obligations of my position as	tered agent and agree to act in this capacity proper and complete performance of my dutive registered agent as provided for in Chapter the registered office address. I hereby confiration this change.	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Signs	ture of New Registered Agent

	l from our records:		
MGR = N AMBR = A	Annager Authorized Member		
<u> Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			□Add
	-		□Rcmove
			□Add
		□Rcmove	
			☐ Change
			□Add
		□ Remove	
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change

D. If amending any othe	er information, e	nter change(s) here:	(Attach additional sheets	if necessary.)
			<u>:</u>	
			<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	
				
<u></u>		<u> </u>		
E. Effective date, if other (If an effective date is listed Note: If the date insert document's effective detective	, the date must be spe ed in this block do	cific and cannot be prior to es not meet the applicab	date of filing or more than 90 delegate of filing or more than 90 delegate of filing requirements	(optional) lays after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the
If the record specifies a dela record is filed.	iyed effective date,	but not an effective tim	e, at 12:01 a.m. on the carii	er of: (b) The 90th day after the
Dated 04/12/2023			-·	
K	anam Cli Signatu	1am d 50.7	OK dev red representative of a membe	г
<u>K</u>	ARALICHA	Typed or printed	DEO nume of signee	