L23000213793

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
<u>,,</u>				

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05/15/23--01029--015 **35.00



July 12, 2023

KARLA KANTZAS KCN REALTY LLC 442 PARKSIDE POINTE BLVD APOPKA, FL 32712 US

SUBJECT: KCN REALTY LLC Ref. Number: L23000213793

We have received your document for KCN REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 023A00015503

national darks

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJECT: Name of Limited Liability Company							
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		KARLA KANTZAS		S cast tend			
	Name of Person						
		KCN REALTY LLC		7			
Firm/Company							
	442 PARKSIDE POINTE BLVD.						
	Address						
	APOPKA, FL 32712						
	City/State and Zip Code						
		kkantzas@gmail.com					
_			to be used for future annual report n	otification)			
For furt	her information c	oncerning this matter, please c	all:				
KARLA	A KANTZAS		203 650-4332 at ()				
	Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclose	d is a check for the	he following amount:					
□ \$ 25	i.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 Address: Registration Section		<u>Street Address:</u> Registration S					
Division of Corporations			Division of C	orporations			
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

\$35 Fee Previoling paid cont # 405 (A8hed 5/17/23

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCN REALTY LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 05/01/2023	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "I imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
the new traine triust be distinguishable and contain the word		
Enter new principal offices address, if applicable		<u> </u>
Principal office address MUST BE A STREET	ADDRESS)	
		တ
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or regingent and/or the new registered office address by		e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
9	Enter Florida street address	
	, Flori	ida
•	City	da Zip Code

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>	<u>Address</u>	Type of Action
AP	CRYSTAL KANTZAS	2474 TAHOE CIRLE	□Adđ
		WINTER PARK, FL 32792	□Remove
			■ Change
AP	NICHOLAS KANTZAS	442 PARKSIDE POINTE BLVD.	□Add
		APOPKA, FL 32712	□Remove
			Change
			□ Remove
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Need to change Crystal Kantzas and Nicholas Kantzas to Authorized Person. They are not members of the LLC and they are currently showing as AMBR on Sunbiz. I, Karla Kantzas, am the sole owner of KCN Realty LLC. Please make the necessary changes to reflect this correction as of 05/01/2023. E. Effective date, if other than the date of filing: ___ (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Filing Fee: \$25.00

Signature of a member of authorized representative of a member

Typed or printed name of signee

KARLA KANTZAS