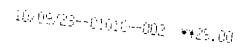
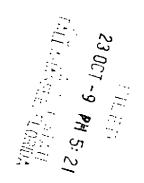
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(Requestor's Name)		
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special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

#### 8040 PETERS ROAD, SUITE H-101 PLANTATION, FLORIDA 33324

Telephone (954) 510-9085 Facsimile (954) 514-9299 www.hg-law.com

> JAMES W., GOVIN, ESQ. ATTORNEY AT LAW DIRECT LINE: 1954) 488-2636 JGOVIN #IRG-LAW.COM

October 6, 2023

#### Via Federal Express

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

Re: KP STORAGE LLC addition of manager Document #L23000230187

Dear Sir/Madam:

Enclosed please find the following document and fee:

1. Addition of Manager

\$25.00

TOTAL FEES:

\$25.00

Should you have any questions regarding this matter, please do not hesitate to contact me at 954-488-2636.

Hermann & Govin

James W. Govin

ee: Enclosures/ck.

### **COVER LETTER**

	gistration Sec vision of Corp				
SUBJECT:	KP STORAG	GE LLC			
SUBJECT		Name of Limi	ited Liability Company		
The enclose	d Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspon	dence concerning this matter	to the following:		
		James W. Govin			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		Hermann & Govin			
			Firm/Company		<del></del>
		8040 Peters Road, Suite H-	-101		
			Address	<del></del>	
		Plantation, Florida 33324			
			City/State and Zip Code		
		jgovin@hg-law.com	to be used for future annual r		
				ероп пописацоп)	
For further	information co	neerning this matter, please co	all:		
James W. C	Bovin		954 488- at ( )	-2636	
	Name of	Person	Arca Code	Daytime Telepho	ne Number
Enclosed is	a check for the	e following amount:			
<b>≡</b> \$25.00	Filing Fcc	☐ \$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 Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



**KP STORAGE LLC** 

(Name of the 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 May 10, 2023	and assigned
Florida document number L23000230187		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.IC."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	- 7-7-7	
Florida document number L23000230187  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 "L.L.C."  Enter new principal offices address, if applicable:		
Q Q Q	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	, Florid	a Zin 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 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	Richard Haestier	3020 NE 32nd Ave, Suite 326	
		Fort Lauderdałe, FL 33308	
			□Change
		,	
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
		71112	□Remove
			□Change
	<del></del>		□Add
		·	□Change
<u>-</u>			□Add
			□Remove
			□ Change

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Filing Fee: \$25.00