

L23000 325007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

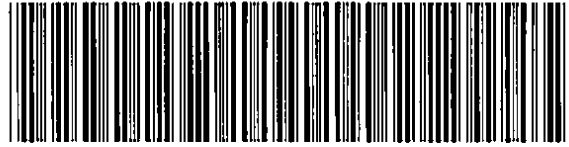
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700413695657

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 10 PM 12:40

R. HUNT  
08/10/23

DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 AUG 10 PM 1:51

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 08/10/2023**

**NAME: KHI REAL ESTATE FM, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

2023 AUG 10 PM 12:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KHI REAL ESTATE FM, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shea Gryglewicz

\_\_\_\_\_  
Name of Person

PLG Law

\_\_\_\_\_  
Firm/Company

3684 Tampa Road #2

\_\_\_\_\_  
Address

Oldsmar, FL 34677

\_\_\_\_\_  
City/State and Zip Code

shea@plglawyer.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Knutson

972 768-0415  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

**Street Address:**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 10 PM 12:40

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KHI REAL ESTATE FM, 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 7/10/2023 and assigned  
Florida document number L23000325009.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 10 PM 12:40

**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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

in 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>                | <u>Type of Action</u>                   |
|-----------------------------------------------|----------------------|-------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> President | Donald J. Clause Jr. | 11401 Waterford Village Drive | <input checked="" type="checkbox"/> Add |
|                                               |                      | Ft. Myers, FL 33913           | <input type="checkbox"/> Remove         |
|                                               |                      |                               | <input type="checkbox"/> Change         |
|                                               |                      |                               | <input type="checkbox"/> Add            |
|                                               |                      |                               | <input type="checkbox"/> Remove         |
|                                               |                      |                               | <input type="checkbox"/> Change         |
|                                               |                      |                               | <input type="checkbox"/> Add            |
|                                               |                      |                               | <input type="checkbox"/> Remove         |
|                                               |                      |                               | <input type="checkbox"/> Change         |
|                                               |                      |                               | <input type="checkbox"/> Add            |
|                                               |                      |                               | <input type="checkbox"/> Remove         |
|                                               |                      |                               | <input type="checkbox"/> Change         |
|                                               |                      |                               | <input type="checkbox"/> Add            |
|                                               |                      |                               | <input type="checkbox"/> Remove         |
|                                               |                      |                               | <input type="checkbox"/> Change         |
|                                               |                      |                               | <input type="checkbox"/> Add            |
|                                               |                      |                               | <input type="checkbox"/> Remove         |
|                                               |                      |                               | <input type="checkbox"/> Change         |

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
2009 AUG 10 PM 2:40

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2023 AUG 10 PM 12:40

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated August 8, 2023

Derek Knutson

Derek Knutson (Aug 7, 2023 18:44 EDT)

Signature of a member or authorized representative of a member

Derek Knutson

Typed or printed name of signee

Filing Fee: \$25.00