

L23000382542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

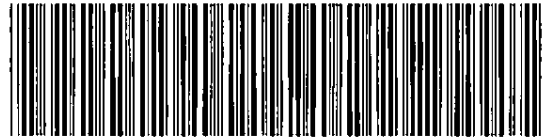
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700416420607

10 10/23--01029--925 \*\*25.00

2023 OCT 10 AM 11:27  
FILED  
CLERK OF COURT  
STATE OF TEXAS  
COUNTY OF DALLAS

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KT REALTY 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:

**Sonia Becerra**  
Name of Person

**Swyft Filings**  
Firm/Company

**3 Greenway Plaza #1320**  
Address

**Houston, TX 77046**  
City/State and Zip Code

**dhlcpasrq@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sonia Becerra** at ( **877** ) **777-0450**  
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

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

KT REALTY 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 08/15/2023 and assigned Florida document number L23000382542.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KELLY TRIPPE LLC

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)** \_\_\_\_\_

**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.

2023 OCT 10 AM 11:27

**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>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove

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

Multiple horizontal lines for amending information.

2023 OCT 10 AM 11:27

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.

,IWKHUFRUGVSHFLILHVEBHDHCHGDWHEXWQRWDQHIIHFWLYHWWLPHDWDPRQWKHHDVGNPKDDEIWHUWKH UHFRUGLVILOHG

Dated 10-2-2023

X [Handwritten Signature]

Signature of a member or authorized representative of a member

Kelly A. Finne