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COVER LETTER

Division of Cor		•	•
SUBJECT:	KT REAL	TYLLC	
SUBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Sonia Becerra	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #13	20
		Address	
		Houston, TX 77046	
		City/State and Zip Code	
		dhlcpasrq@aol.com	
For further information c	e-mail address: (to be used for future annual r	eport notification)
Sonia B	ecerra	at (877)	777-0450
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addres Registration S		Street Ad Registra	dress: tion Section
Division of C		-	of Corporations
D () D (22	-	m c	

P.O. Box 6327 Tallahassee, FL 32314

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 L (A)	lability Company as it now appears lorida Limited Liability Company)	op our records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organizatio	n for this Limited Lial	bility Company were filed on	08/15/2023	and assig	gned
Florida document number_	L23000382542	-			
This amendment is submitte	ed to amend the follow	ving:			
A. If amending name <u>, ent</u>	ter the new name of t	he limited liability company h	еге:		
	KELL'	Y TRIPPE LLC			
The new name must be distinguis	hable and contain the word:	"Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L	.C."
Enter new principal office (Principal office address l					
Enter new mailing addres	s, if applicable:			2023	·-
Mailing address MAY B	E A POST OFFICE	BOX)		90	
					- 11 -
				<u> </u>	≓a÷.
B. If amending the registence and/or the new register.	ered agent and/or rej stered office address	gistered office address on our a <u>he</u> re:	record <u>s, enter the p</u>	ame of the r	iew regis
Name of New Reg	zistered Agent:			7	
New Registered O	Office Address:				
		Enter Florid	a 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 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
	·	 	、 Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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