## L23000481118

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2023 OCT 30 AM IO: 56

GEPARTMENT OF STATE
DIVISION OF CORPORATION
THE LEMANCE FOR THE ORIGINAL PROPERTY.

A. PARISHANI NOV 0 4 2023

## COVER LETTER

TO: Registration S Division of Co		•	. •
PUBLISOT.	Kinsmen Prope	ortipe	
SUBJECT:		nited Liability Company	
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riease return all corresp	ondence concerning this matter	to the following:	FON E
	Tonia	DV-++ OName of Person	AM IO: 56 OF STATE RPORATIONS ELFLORIO
	hinsme	n Properties	<del></del>
	100 D	Dubbs St.	
	Unatilla	(FL 32784 (City/State and Zip Code	
		ent@ quail. C	cation)
For further information	concerning this matter, please o	call:	
JONIA DI	of Person	at (352) 636 Area Code Daytime	7 Telephone Number
Enclosed is a check for t	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 Addre Registration		Street Address: Registration Sec	tion
Division of C		Division of Con	norations

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

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

DEPARTMENT OF STATE DIVISION OF CORPORATION OF COR	2023 OCT 30	77
RPORATION	AH 10: 76	

Kinsmen Properties

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 Title Name Address **Type of Action** 100 Dulbbs St. DAdd Ionia Britt Umatilla FL 32784 DRemove \_\_\_\_\_\_ Change 16608 Lake Smith Pd, DAdd

UMatilla/FL 32784 DRemove MGR Kodney Torrance Change ) f DAdd □Add □Remove □ Change □Add 

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Filing Fee: \$25.00