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COVER LETTER

TO: Registration So Division of Co			
	ew Road LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Chuck Judge		
		Name of Person	
	Goldman Sachs Ayco		
		Firm/Company	
	100 Coliseum Dr.		
		Address	
	Cohoes, NY 12047		
		City/State and Zip Code	
	E-mail address: (t	to be used for tuture annual report notification)	
For further information of	concerning this matter, please ca	all:	
Chuck Judge		518 886-4118	
Name c	of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Mailing Address: Registration Section		Street Address:	
		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 KIVELVIEW		
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000552514</u> .	were filed on 12/14/2023 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2 Riverview Road	
(Principal office address MUST BE A STREET ADDRESS)	Hobe Sound, FL 33455	
Enter new mailing address, if applicable:	2 Riverview Road	
(Mailing address MAY BE A POST OFFICE BOX)	Hobe Sound, FL 33455	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered	Ī
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida 🗯 😂	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code(**)	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

	Section 1.05 of the Operating Agreement is amended to read: The principal place of business of the Company shall be 2 Riverview Road. Hobe Sound, FL 33455. The Company may locate its principal place of business at		
•	any other place or places, within or without the Company may locate its principal place of business at		
•	any other place or places, within or without the State of Florida as shall be designated, from time to time, by the	_	
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fective un effect	date, if other than the date of filing:		
ote: If	date, if other than the date of filing: (optional) the 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the Department of State's records.	0000 (000)	
CHITICIL	s effective date on the Department of State's records.	d as the	
ecomi e	necifier a data at the second	20	
s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	24	
	or (b) The soin day after t	he 🚍	
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	W. Films about	AM 11: 36	Ę
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	Signature of a member or authorized representative of a member	ယ	

Filing Fee: \$25.00