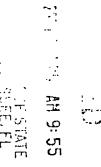
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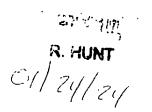
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TK Kingsland Ma	anagement LLC	
Please Debit FCA	000000003 For: 25	
Thank you Seth N	eeley	
Stal		Art of Inc. File
		LTD Partnership File,
		Foreign Corp. File 1.23
		L.C. File
		Fictitious Name File
		Trade/Service Mark 60 = 1 - 1
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
4	7/	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
<u> </u>		Driving Record
Requested by: $_{ m SN}$		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Registration Se Division of Co					
	and Management LLC				
SOBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Amy M. Vo, Esq.				
		Name of Person			
	Vo Law				
		Firm/Company		:	
	97 Orange Street			н.:	
		Address		ι : -‡:**	
	St. Augustine, Florida 320	84		AH 9: 5:	, -
	amy@volaw.us	City/State and Zip Code	FL	9: 55	- Care
	E-mail address: (to be used for future annual report n	otification)		
For further information of	concerning this matter, please c	all:			
Amy M. Vo		904 815-0001 at ()			
Name e	F Person	Area Code Days	time Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Cop (additional copy	f Status (py	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company	is it now appears on our records.)	
	(A Florida Elimited Liab	inty Company)	
The Articles of Organization for this Limited L. Florida document number 1.24000033867		re filed on January 17, 2024	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability	company here:	
· · · · · · · · · · · · · · · · · · ·			
The new name must be distinguishable and contain the w	cords "Limited Liability (Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applic	able:		'57
Principal office address MUST BE A STREE			
Timespar Office and ess in our 1927 Office	_		
			1
Enter new mailing address, if applicable:		930	
(Mailing address MAY BE A POST OFFICE BOX)		in co	ت و
grading dualess MAT DE ATOST OFFICE	<u> </u>		S
	_		<u> </u>
B. If amending the registered agent and/	or registered office	e address on our records, enter t	the name of the
registered agent and/or the new registered of	fice address here:		
Name of New Registered Agent:	Amy M. Vo, Esq.		
New Registered Office Address:	97 Orange Street		
en registered office radicas.		Enter Florida street address	
	St. Augustine	Florida 320	84

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Jeffrey Terwilliger	100 Fairway Park Blvd., Suite 220(
		Ponte Vedre Beach, Florida 32082	Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove 55
			Change
			Add
			Remove
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			☐ Remove
			□ Change

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ated	·	2024					
e record specifies a delayed The 90th day after the reco		e, but not a	in effective	time, at 12	2:01 a.m. (on the e	arlier o
an effective date is listed, the date must ote: If the date inserted in this blooseument's effective date on the Dep	ck does not meet	the applicable					
Tective date, if other than the d	late of filing:		due C.711		(optional)	n O	
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Page 3 of 3

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