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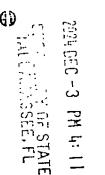
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

K&M PROPERTY V. LLC SUBJECT: 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: MOJGAN BADIEI Name of Person Firm/Company 107 ARELLA WAY Address ST. JOHNS, FL 32259 City/State and Zip Code mojganbadieirealtor@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **■** \$25.00 Filing Fee □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&M PROPERTY V. LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)		
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.24000345193}{1.000000000000000000000000000000000000$	e filed on AUGUST 6, 2024	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the ab	breviation "L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
		_	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the nam	e of the new re	gister
None of Nov Davistand Against	Ø	<b>9</b>	
Name of New Registered Agent:		1 12	
New Registered Office Address:	Enter Florida street address	. ကို () - ယ	
	, Florida City	Zip Code-	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	( <i>n</i> ,	Zip Code:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per, accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office add	oact in this capacity. I further agr formance of my duties, and I am f ided for in Chapter 605, F.S. Or,	ree to comply v amiliar with a if this docume	nd

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	MOJGAN BADIEI	107 ARELLA WAY	
		ST. JOHNS, FL 32259	■Remove
		·	□Change
AMBR	KOUROUSH SALMANI	107 ARELLA WAY	□Add
		ST. JOHNS, FL 32259	■Remove
			□Change
AMBR	K&M REAL ESTATE LLC	107 ARELLA WAY	<b>=</b> Add
		ST. JOHNS, FL 32259	□Remove
			Change
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record specifies is filed.	a delayed effect	ive date, but no	ot an effecti	ive time, ;	nt 12:01 a.n	n, on the ea	rlier of: (b	) Th	ie 90th	day after	r the
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ated NOVEME		Signature of a	a member or	$\sim$							