

L24 000B'45/93

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

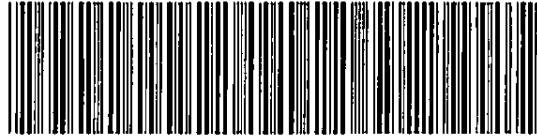
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

2024 DEC -3 PM 4:11

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K&M PROPERTY V. LLC

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:

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

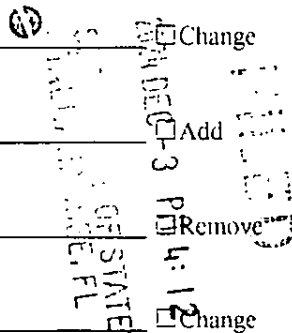
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MOJGAN BADIEI	107 ARELLA WAY	<input type="checkbox"/> Add
		ST. JOHNS, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KOUROUSH SALMANI	107 ARELLA WAY	<input type="checkbox"/> Add
		ST. JOHNS, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	K&M REAL ESTATE LLC	107 ARELLA WAY	<input checked="" type="checkbox"/> Add
		ST. JOHNS, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be posted as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 15, 2024

Signature of a member or authorized representative of a member

MOJIBAN BALDIHI

Typed or printed name of signee