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Docusign Envelope ID: 2DC393E0-CAAA-4D36-9346-6785CC9E73AF COVER LETTER

TO: Registration So Division of Cor		. 4 4			
Kanha Apa	irtments LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter				
	Vijay Arora			202 Th	
		Name of Person		2025 APR -1 SECRETAR TALLAHASS	6
		Firm/Company			Î
	27187 SE 27th Street			PH 3: 40	
		Address		5 5	
	Sammamish, WA 98075			· ·	
	aroravijay@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please o	all:			
Vijay Arora		425 736-4561 at ()			
Name o	of Person	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	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
<u>Mailing Addre</u>	ss:	<u>Street Address:</u>			
Registration		Registration Sec			
Division of C	7	Division of Com			

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

Docusign Envelope ID: 2DC393E0-CAAA-4D36-9346-6785CC9E73AF ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kanha Apartments LLC				
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records ed Liability Company)	<u>.)</u>		
The Articles of Organization for this Limited Liability Compa	and assigned			
lorida document number L24000444266				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited li	ability company here:			
<u> </u>				
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	27187 SE 27th Street			
Principal office address MUST BE A STREET ADDRESS)	Sammamish, WA 98075	2025 SE		
	-	<u> </u>		
Catenany molling address if applicable.	27187 SE 27th Street	2 - R		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	Sammamish, WA 98075			
valuing duaress MAT BE A FOST OFFICE BOAT		- STATE		
	* *	 		
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: Vijay Arora	ce address on our records, <u>enter t</u>	he name of the new registere		
New Registered Office Address: 15671 San Ca	arlos Blvd, 101			
	Enter Florida street address			
***Must enter a Florida				
***Must enter a Florida address <u>Fort Myers</u>	, Flo	rida 33908 Zip Code		

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

Docusign Envelope ID: 2DC393E0-CAAA-4D36-9346-6785CC9E73AF in amenuing Authorized rerson(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>A</u>		Address	Type of Action
MGR	Equity 1031 Reverse Exchange LLC	15671 San Carlos Blvd, 101	□Add
		Fort Myers, FL 33908	■Remove
			□Change
MGR	Joy 2 LLC	27187 SE 27th Street	■Add
		Sammamish, WA 98075	□ Remove
		 	Change
			DAdd 2025gnove SECRED AND CHange PH 49: 40 Remove
			□Change
			□Remove
			\propto Change
			Add
			□Remove
			□Change

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

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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and can block does not meet	not be prior to d the applicable	ate of filing or mo	re than 90 days aff	tional) ter filing.) Purs his date will	suant to 60 not be li	05.0207 (3)(b) sted as the
If the record specifies a delayed effect record is filed.	ive date, but not an e	effective time,	at 12:01 a.m. o	n the earlier of:	(b) The 900	th day af	ter the
Dated March 20	20	025					
DocuSigned by:							
Samantha Tennan	Signature of a mem	her or authories	d representative	of a member			
	-		•				
Samantha Tennant, Au	uthorized Signer of I	Equity 1031 R	everse Exchang	e, LLC			

Filing Fee: \$25.00

Typed or printed name of signee