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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)		
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Special Instructions	to Filing Officer:	

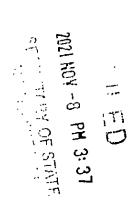
Office Use Only

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COVER LETTER

Tallahassee, FL 32314

	tion Section of Corporati	ons		
BIG SUBJECT:	BEND CAR	CARE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	cles of Ameno	Iment and fee(s) are sub	mitted for filing.	
Please return all c	orrespondence	concerning this matter	to the following:	
	Ku	rt Valle		
			Name of Person	
	<u></u>		Firm/Company	
	20	O Sinclair RD		
		····	Address	
	Ta	Hahassee, FL 32312-27	П	
			City/State and Zip Code	
	kurt	@bigbendcars.com	o be used for future annual report notif	instina
For further inform	nation concern	ing this matter, please ca	•	icanon)
Kurt Valle			850 510-0604	
	Name of Persor		Area Code Daytime	Telephone Number
Enclosed is a chec	ck for the follo	wing amount:		
■ \$25.00 Filing	Fee □ S	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registr	Address: ation Section	n	Street Address: Registration Sec	tion
	n of Corpora		Division of Corp	
P.O. Bo			The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG BEND CAR CARE LLC

BIG BEND CAR CARE LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/03/2017 and assigned
Florida document number L17000071573	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
KV TRADING LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	700 Sincloin Pd Triphose P2 32302
(Principal office address MUST BE A STREET ADDRESS)	TALALMSE, P2 32302
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	20
Neglitered Office Address.	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	O P II
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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
			□Add
			□Remove
			☐ Change
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