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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:/(OH N KENTO Name of Limi	UCK-/ UC ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RYAN CU	WLECH Name of Person	
	MERIDIAN	CADITAL HO Firm/Company	LOINGS LLC
	1810 Ch	Aldress TRO	<u></u>
	MAITLAN	OF City/State and Zip Code	275/
	(2 Ca) Men	Vidench . Con- to be used for future annual report notif	lication)
For further information co	oncerning this matter, please ca	-	
PyAW Coir Name of	Person	at (<u>407</u>) <u>754</u> - Area Code Daytime	- 4/54/ e Telephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

1004 N Ken	TUCKY LLC
	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1800142	ty Company were filed on <u>JUE 8, ZUI8</u> and assigned <u>804</u> .
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODKESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A NO ChANGE
B. If amending the registered agent and/or registered agent and/or the new registered office a	registered office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	MO MAN GE THE TO STATE OF THE S
_	. Florida Zip Code

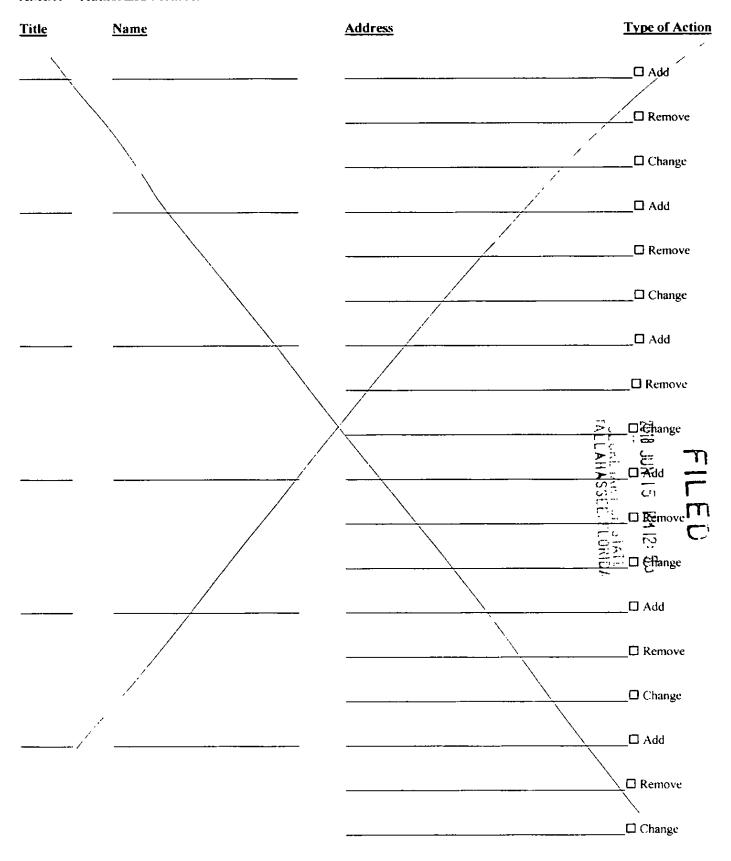
New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member



D. If amending any other information, enter change(s) here: (Attac.	•
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E. Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an eff (b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
Dated 5416 13 2018	
Signature of a member or authorized repr	esentative of a member
Ersa Cirillett	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00