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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: K	NET LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	KONST,	A WIN VOK	POBIEV
	KVE	Name of Person T L Firm/Company	
	52a	un Ct	
		Address	
	Palm (Coast, FL.	32164
	E-mail address: (City/State and Zip Code Code	mail. com
For further information co	ncerning this matter, please co	all:	
		$\frac{1}{2}$ at $\frac{9/7}{\text{Area Code}}$ Daytime	0086
Name of	Person	Area Code Daytime	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

DocuSign Envelope ID: C268B347-F44F-494F-93B6-9E031D927989

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KVE	E7 44	C		2018 NOV - 1	AM 11: 59
(Name of the Limit	ted Liability Compa (A Florida Limited)	inv as it now appears on o Liability Company)		- BALLAHAS	OF S FATE
The Articles of Organization for this Limited L	iability Company	were filed on	24/201	and assig	med
Florida document number <u>L 1800022</u>	<u> 26796</u>		·		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of					
The new name must be distinguishable and contain the w					
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designat	ion "LLC" or the	e abbreviation "L.L.	C."
Enter new principal offices address, if applica	able:	_ N/A			
(Principal office address MUST BE A STREE	T ADDRESS)	<u></u>			
					
Enter new mailing address, if applicable:		<u> N/A</u>	 <u> </u>	·	
(Mailing address MAY BE A POST OFFICE)	<u>30X)</u>				
B. If amending the registered agent and/or the new registered off	or registered off ice address here	lice address on our	records, ente	er the name of	the new
Name of New Registered Agent:	VOROL	BIEV, KON	STAN	Tin	
New Registered Office Address:	5 ZAL	IN CT	n address		· · · · · · · · · · · · · · · · · · ·
	Palm C	IN CT., Enter Florida street City	, Florida _	32164	
		City		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.

Lonstantin Vorobien

Konstantin Vorobiev

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 = Ma $AMBR = Au$	anager uthorized Member		
Title	Name	Address	Type of Action
<u>MGR</u>	TCHOUMAKOVA, ELENA	5ZAUNCT PALMCOASTFL 32164	Add
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ctive date, if other than effective date is listed, the date	the date of filing:		(optio	nal)
: If the date inserted in thi	s block does not meet the	e applicable statutory ti	r more than 90 days after ling requirements, this	date will not be liste
ment's effective date on th	e Department of State 81	records.		
ecord specifies a dela	yed effective date,	but not an effectiv	e time, at 12:01 a	.m. on the earlie
e 90th day after the i				
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		/ ~ .	-	
		or authorized representat	N P	

Page 3 of 3

Filing Fee: \$25.00