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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SURJE	CONT.	OCIATES, L.L.C.	*	,• u
	··· 	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		EUGENE W. KLIGMAN	N	
			Name of Person	
			Firm/Company	
		8510 NW 56TH STREET		
			Address	
		MIAMI, FL 33166		
			City/State and Zip Code	
		gene@ciifl.com E-mail address: (to be used for future annual re	nort notification)
For furth	er information co	oncerning this matter, please c		port notification)
W. ROD	GERS MOORE		561 394-	7944
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailing Address</u> Registration S		Street Add	
	Division of Co			on Section of Corporations
	P O Box 632			£T-11-1

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

TO:

	gistration Solision of Col				
SUBJECT:	KCD ASSOCIATES, L.L.C. T:				
JOBSECT.					
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		EUGENE W. KLIGMAN	N		
			Name of Person		
			Firm/Company		
		8510 NW 56TH STREET			
			Address	· · · · · · · · · · · · · · · · · · ·	
		MIAMI, FL 33166			
			City/State and Zip Code		
		gene@ciifl.com			
For further ir	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)	
W. RODGEI	RS MOORE		561 394-7944 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$2 5.00 F	iling 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)	
	ling Addres		Street Address: Registration Se	ection	
		orporations	Registration Section Division of Corporations		
P.O	. Box 632	7	The Centre of	Γallahassee	
Tall	lahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCD ASSOCIATES, L.L.C.		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on 10/30/2	001 and assigned
Florida document number L01000018710	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida st	reet address
		, Florida
	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.

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>	Address	Type of Action
MGR	JOHN HARRY STEWART, SR.	8510 NW 56TH ST	□Add
		MIAMI, FL 33166	≅ Remove
			□Change
MGR	JOHN H. STEWART, JR.	8510 NW 56TH ST	≡ Add
		MIAMI, FL 33166	□Remove
			□Change
			□Add
			□Remove
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<u>Note:</u>	ve date, if other than the date of filing:
ne record ord is fil	I 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 ed.
Dated .	1-16.2621
	Signature of a member or authorized representative of a member
	·/ //
	EUGENE W. KLIGMANN