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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	Kunshier	UC	
3013/CC1		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gar	3 Kunshier Name of Person	
	Ku	nshier UC Firm/Company	
	_ 740 A	Sui Esta de Address	
	- Punta		33950- 13 101. com 17 150 150 150 150 150 150 150 150 150 150
For further information (E-mail address: (kunshier of A type used for future annual report notifi all:	cation)
Gars K	unshier of Person	at (941) 268- Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	¥ \$30.00 Filing Fee & Centificate 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 Addre Registration Division of O	Section Corporations	Street Address: Registration Sec Division of Corp	
P.O. Box 633 Tallahassee,		The Centre of Ta 2415 N. Monroe	allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kunshier	LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on <u>10 26 200</u>	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u></u>	~ ~ ~
	<u> </u>	123
	-	
Enter new mailing address, if applicable:		. 7
Mailing address MAY BE A POST OFFICE BOX)		E: :
		9 -
		59
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter the na</u>	ime of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>-</u>
	, Florida	
	City	Zip Code

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

1/

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Gang Kunshier		□Add
		Mun Agri Ester de pg: fr	XiRemove
			□ Change
	Teresa Kunshier	1740 Agui Esta de pgi, Fr	XAdd
			□Remove
			_ □Change
			Add
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	if other than the	ist be specific an block does not	nd cannot be prior	anie statotowy ta	more than 90 da	(optional) ys after filing, its, this date) Pursuant to will not be	605.0207 listed as
an effective date Note: If the dat	ective date on the E	epartment of	State's records.	•				
an effective date Vote: If the dat locument's effe record specific	e macrica in this o	zeparenent or ,	State's records.				c 90th day a	
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fan effective date Nate: If the dat locument's effe record specifie d is filed.	ective date on the E	ve date, but no	of an effective til		i, on the earlier	rof:(b) The		fter the
ran effective date <u>Note:</u> If the dat locument's effe	ective date on the E	ve date, but no	of an effective time	me, at 12:01 a,n	e, on the earlier	rof:(b) The	2.	fter the