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SECRETALL OF STATE ALLAHASSIE FLORIDA

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COVER LETTER

CO VER EDITER					
TO: Registration Section Division of Corporations					
SUBJECT: K&C LNUEST MENTS LLC (Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ALEDANDRA POSSI (Name of Person)					
(Firm/Company)					
13108 20 Ri LN (Address)					
City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Person) at (407) 905-6935 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)\$\$ \$\ \text{Certified Copy}\$\$ \$Certified Copy\$\$ (additional copy is enclosed)\$\$ \$\ \text{Certified Copy}\$\$ \$Certified Copy\$\$ \$Certified Co					

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



08 JUN 23 PM 2: 39

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

A. If amending name, enter the new name of the limited lia	bility company here:
K& C INVESTMENTS	CF UC
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	13108 20DI LN
	WINDERMERE FI 34786
Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	to Box 1756
	WINDERMERE AT 34786
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
	_
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	(Enter Florida street address)
<u> </u>	, Florida
	(City) (Zin 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 608, 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.

lember being added or removed from o	our records, enter the title, name, and addre	35 Of Cach Manager
ger aging Member		,
Name	Address	Type of Action
John Rossin	HOR DORNER	Add Remove
		Add Remove
		Add Remove
		Add Remove
		_[Add ☐ Remove
		Add Remove
Signature of a thember of	authorized representative of a member SANDRA ROSS	08 JUN 23 PM 2: 39 SECKE ASSET FLORIDA TALLAHASSET FLORIDA
	gang Member Name Note: Action Signature of a member of Action Name Signature of a member of Action Signature of a member of Action	Speature. La tember or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00