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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	Kvs.	LLC	
3000.CT.	Name of Limi	LLC ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are subi	nitted for filing.	
Picase return all corr	espondence concerning this matter	to the following:	
	Kevi	Name of Person	
	NAPS.	Firm/Company	y x <u></u>
	280	Firm/Company S Ridgewood An	R. #1403
	South	DAYTONA PL.	32119
	UKS GAR E-mail address: (t	DNER @ JAhoo. Com to be used for future annual report notif	ication)
For further informati	on concerning this matter, please ca	all:	
Keu'	IN GARDNER me of Person	at (<u>386</u>) <u>295-3</u> Area Code Daytime	7377 Telephone Number
Enclosed is a check f	or the following amount:		
S25.00 Filing Fed	e S30.00 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)
Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KVS, LI	_ C		2018 DEC -3	PH 6: 39
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	3/12/200	and ass	SEE, FL igned
Florida document numberL0700∞26560	·			
This amendment is submitted to amend the following:				
A) If amending name, enter the new name of the li	nited liability company her	<u>re</u> :		
Kentford Realty, LLC The new name must be distinguishable and contain the words "L	iminal Liability Company "the de	esignation "LLC" or t	he abbreviation "I	1 C"
	mited Elability Company, the de	SIGNATION CLC OF	ne uzzvevnika iz-	5.6.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, er	iter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	ida street address		
		, Florid	aZip Code	
	City		Zip Code	
Now Designated Agent's Constant if abanding Designation	end Amont:			

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added femoved from our records:

1GR = Manager

MBR = A	MBR = Authorized Member			
<u>litle</u>	Name	Address	Type of Action	
			Add	
			☐ Remove	
			Change	
			☐ Remove	
			Change	
<u> </u>			Add	
			☐ Remove	
			☐ Change	
			Add	
			Remove	
			Change	
			□ Add	
			Remove	
			Change	
			□ Remove	
			Chapter	

. 11 amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
(If an effective Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated	No Vembre 14. 2018 Signature of a member or authorized representative of a member
-	Typed or printed name of signee

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Filing Fee: \$25.00