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D. SCOTT JUN 1 3 2017

COVER LETTER

Division of Cor					
SUBJECT:	KE Rom	Estate Holdings LLC pited Liability Company			
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:	,		
	<u> </u>	SAL LECATION, ESQ. Name of Person			
		Name of Person			
		Firm/Company	**************************************		
	<u> </u>	Box 2083 Address			
		UKON FL 33022 City/State and Zip Code			
				•	
	E-mail address: (obe used for future annual report notific	ation)		
	oncerning this matter, please c			N N	T
Non L	EGAINEN, ESR.	at (954) 452 -	. 4357	7	
Name o	f Person /	at (959) 457 - Area Code Daytime 7	elephone Number	Jun 12 M 9 2	
Enclosed is a check for the	e following amount:	•		> · · · · · ·	
图 \$25.00 Filing Fee	□ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	le of Status &	
				.	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KE Remi	Esmre Holdi	nas. UC		語言さ
(Name of the Limite	d Liability Compan A Florida Limited L	v as it now appears o	n our records.)	7 5
				国际 至
The Articles of Organization for this Limited Lie	ability Company	were filed on	3/16/2007	and assigned
Florida document number <u>L070000246</u>	04			25 25
This amendment is submitted to amend the follo	wing:	:		
A. If amending name, enter the new name of	the limited liabi	ity company here	:	

The new name must be distinguishable and contain the wo	ords "Limited Liabili			
Enter new principal offices address, if applica	ble:	3355 Bu	ums Road, Si	ite 304
(Principal office address MUST BE A STREE)	ch Gardons.	PZ 33410		
				-
•		÷	_	
Enter new mailing address, if applicable:		3355 B	ums ReAD	Ste. 304
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	Prin be	ach Gardens	Ste. 304 FZ 33410
			······································	*
B. If amending the registered agent and/or the new registered agent and/or the new registered off			ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			*	
New Registered Office Address:		3355 Bu Enter Florida	Mi Rosto, Sta	. 304
	PALM Barel	n Geordens		
		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 □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add _☐ Řěmove Change Change 2 Addi ☐ Change _□ Add _□ Remove

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