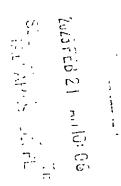
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## **COVER LETTER**

	istration Sec ision of Corp			·		
N SUBJECT:	KEVCOR F	IOLDINGS, LLC	:*			
SUBJECT:		Name of Lim	nited Liability Compa	eny		-
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		JEFFREY SELZER				
		<del></del>	Name of Pers	on		_
		SELZER LAW				
			Firm/Compa	ny		_
		2550 N.E. 15TH AVENU	Е			202 Si
			Address			
		WILTON MANORS, FL	33305			2023 FEB 21 AH IV: 00
		<del></del>	City/State and Zip	Code		- :: - ::
		kevintgies@hotmail.com	to be used for future			- in <u>c</u>
For further in	formation co	ncerning this matter, please c		annuai report no	mineadon)	구나 S
Jeffrey Selze			954	567-4444		
	Name of	Person	at ( Area Coo	) le Daytir	me Telephone Numb	<del></del> per
Enclosed is a	check for the	e following amount:				
<b>≘</b> \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified Co (additional cop	ору	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Reg Div P.O	ling Address gistration S ision of Co . Box 6327 lahassee, F	ection orporations 7	Re Di Th 24	reet Address: egistration Se ivision of Co ne Centre of 115 N. Monro allahassee, F	orporations Tallahassee oe Street, Suite	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEVCOR HOLDINGS, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	i on our records.
The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Jan}}{\text{Plorida document number}}$	uary 28, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	10 P
(Principal office address MUST BE A STREET ADDRESS)	
	8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	11: 0
B. If amending the registered agent and/or registered office address on our re	sacrife anter the name of the new registeres
agent and/or the new registered office address here:	cords, enter the hame of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	da street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida \_\_

Authentisique ID 2EBFCC34-4AA2-ED31-BF7A-0050F2765AB1

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>	<u>Address</u>	Type of Action
MGR	JEFFREY SELZER	2550 N.E. 15TH AVE., WILTON MANORS, FL	3330 ■Add
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fective date, if other than the date must be the date is listed, the date must be tote: If the date inserted in this block becament's effective date on the Department of the date is delayed effective to the date.	ne specific and cannot be prior to the does not meet the applicate sartment of State's records.	to date of filing or more that able statutory filing requ	irements, this date wi	ll not be listed a
is filed.				
FEBRUARY I	. 2023			
nted				
rted FEBRUARY 1  Kevin Gies  S			02/	/01/23

Filing Fee: \$25.00