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COVER LETTER

	gistration Sec ision of Corp			~		
SUBJECT:	KEVCOR F	HOLDINGS, LLC				
SUBJECT.		Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		JEFFREY SELZER				
			Name of Person			
		SELZER LAW				
			Firm/Company		28	
		2550 N.E. 15TH AVENU	Е		2023 AUG IL AM 8: 56 SECRETARY OF STATE STALLAHASSEE. FL	-
			Address		LAA G	Fred
		WILTON MANORS, FLO	ORIDA 33305		AUG IL AN E	1
			City/State and Zip Code			1
		Jeff@SelzerLaw.com			图 56	
For further in	nformation co	e-mail address: (oncerning this matter, please c	to be used for future annual report notifi	cation)	1,1	
Jeffrey Selze			954 567-4444			
	Name of	Person	at ()	Telephone Number		
	Traine of	· · · · · ·	Titel Code Daytime	relephone (tollour		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	iling Address gistration S		Street Address: Registration Sect	tion		

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEVCOR HOLDINGS, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records. In Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L10000010526		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE 287
(Principal office address MUST BE A STREET ADD	RESS)	PR &
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	JEFFREY SELZER	2550 N.E. 15th Ave., Wilton Manors, FL 33303	🗆 Add
			= Remove
			Change
			□Add
			🗆 Remove
			Change SECROA
			ALLAHASSEE. FL
			Change Add
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Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the l	ust be specific and cannot be prior to date block does not meet the applicable st Department of State's records.	of filing or more than 90 days after atutory filing requirements, this	onal) r filing.) Pursuant to 60 is date will not be lis)5.0207 (sted as 1
	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b	o) The 90th day aff	er the
	,			
e record specifies a delayed effecti d is filed. August 10 Dated	2023			