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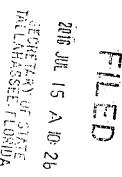
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

	egistration Se ivision of Cor					
CUD IFO		BOARDING LLC				
SUBJECT	:	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		RUSTAM JUNUSOV				
			Name of Person			
		THE KITEBOARDING L	LC			
Firm/Company						
	13727 SW 152 STREET #659					
		····	Address			
		MIAMI, FL 33177 US		721 cm	2018	
		rustam@velumdesign.com	City/State and Zip Code	AHAS AHAS	النال 6	
		E-mail address: ((to be used for future annual report notification	<u>) </u>	S	Language Language
For further	information c	oncerning this matter, please c	eall:	E C	\triangleright	्र । इनकाम्
RUSTAM	JUNUSOV		848 2136777 at ()	GR. E	D 21	- Supplied
	Name o	f Person	Area Code Daytime Telep	hone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional of	of Stat Copy	

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 ORGANIZATION OF

THE KITEBOARDING LLC

(Name of the Limited Liability (A Florida)	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
4. If amending name, enter the new name of the limit	ted liability company here:	
VELUM DESIGN LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		W-1 - 1
B. If amending the registered agent and/or registe		enter the name of the
registered agent and/or the new registered office addr	ess here:	JIB LA
Name of New Registered Agent:		82 - F
New Registered Office Address:		THE A PART
New Registered Office Address.	Enter Florida street address	SE O
	. Flor	
 	, Flor	108

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

MGR = M	angger		
AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
		 	Change
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E If the date inserted in this blooment's effective date on the De	be specific and cannot be prior to dateck does not meet the applicable spartment of State's records.	e of filing or more than 90 day tatutory filing requiremen	ts, this date	will not be	liste
ecord specifies a delayed ne 90th day after the reco	effective date, but not an ord is filed.	effective time, at 12	:01 a.m.	on the ea	rue
JULY 12th d	2016				
-	Signature of a member or authorized	(RURTA	fm	
					~ /
,	Signature of a member or authorized	representative of a member	Jun	wol	/

Page 3 of 3

Filing Fee: \$25.00