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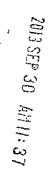
| (Requestor's Name) |
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| - (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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J. SAULSBERDY EXMINITED OCT 3 2017

COVER LETTER

TO: Registration Section
Division of Corporations

.... KEEWAYDIN HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mindi M. Albert, Esq.

Name of Person

Williams Coulson

Firm/Company

1 Gateway Center, 16th FI, 420 Fort Duquesne Blvd.

Address

Pittsburgh, PA 15222

City/State and Zip Code

malbert@williamscoulson.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Mindi M. Albert, Esq.

__412,454-0244

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 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)

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

| KEEWAYDIN HOLDINGS, LI | | | |
|--|--|------------------------------|-------------------------------------|
| (Name of the Limited Lin | ability Company as it now appears orlda Limited Liability Company) | on our records.) | |
| (ALL) | orida Eliniaca Elisolity Company) | | |
| The Articles of Organization for this Limited Liabi | lity Company were filed on | 10-08-2012 | _ and assigned |
| Florida document number L12000128 | 017 | | |
| | - ' | | |
| This amendment is submitted to amend the following | ing: | | |
| A. If amending name, enter the new name of th | e limited liability company here: | : | |
| KFH, LLC | | | |
| The new name must be distinguishable and end with the "L.L.C." | ne words "Limited Liability Company | y," the designation "LL | C" or the abbreviation |
| Enter new principal offices address, if applicable | /e: | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | 5 2 |
| | | | = = = = = = = = = = = = = = = = = = |
| | | | St. |
| Enter new mailing address, if applicable: | | | <i>ં</i> ં હું . |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | |
| | | | 7. 3 |
| | | | |
| B. If amending the registered agent and/or | | r records, <u>enter th</u> e | name of the nev |
| registered agent and/or the new registered office | e aggress bere: | | |
| Non-collar Parist IA 4 | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enfe | r Florida street addre | S.S |
| - | | , Florida | <u> </u> |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Reg | istered Agent: | | , |

accept the obligations of my position as registered agent as provided for in Chapter 608, 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

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGRM = | Managing Member | | |
|--------------|-----------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ** | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| d | September 17, 2013/ |
| | |
| | Signature of a member or authorized representative of a member |
| | Douglas L. Hein, CFO |

Page 3 of 3

Filing Fee: \$25.00

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