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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	ect.	KC	OZO LLC.			
SODGE		,,,,,,,,	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Vanessa Lemus			
			Name of Person			
			ncorp Services, Inc.			
			Firm/Company			
		2360 (Corporate Circle Suite 400			
			Address		£ . #	
		F	lenderson, NV 89074			خ
			City/State and Zip Code) =
			cuments@incorp.com to be used for future annual report notifi	cations		Ξ
For fur	ther information o	concerning this matter, please of	·	cationy		
	Va	nessa Lemus	at (_702)	866-2500		í
		of Person	Area Code & Daytim			1
Enclos	ed is a check for t	he following amount:				
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations 30x 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O LLC.			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appea	rs on our records.)		
(A Florida Limite	u Diability Company)			
The Articles of Organization for this Limited Liability Compa	my were filed on	08/26/2013	and assigned	
Florida document numberL13000120716				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :		
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Compa	any," the designation "I	JLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
	-			
	· — · · · · · · · · · · · · · · · · · ·		Cor	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			7 - G	
			(mg)	
B. If amending the registered agent and/or registered	office address on	our records, enter	the name of the new	
registered agent and/or the new registered office address b	<u>iere</u> :			
			•	
Name of New Registered Agent:				
New Registered Office Address:				
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address			
. Florida				
	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 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

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:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Add		
<u> </u>			Add		
D. If at	nending any other information, enter change Article III is to be amendment as follo	(s) here: (Attach additional sheets, if necessary.)	55 56 56 66		
		g and broadcast of television programs.	_		
	New purpose: Manufacturing, buying	and selling of jewelry, lingerie,			
	accessories, etc.		_		
Dated _	Signature of a member	or authorized representative of a member			
		hard Johannes Gleissner or printed name of signee	W-1-16		

Page 2 of 2

Filing Fee: \$25.00