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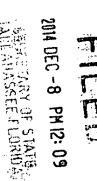
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COVER LETTER

	ration Section on of Corporat	ions			4			
SUBJECT: K	S4, LLC		,					
Sebater		Name of Limit	ed Liability Company		-			
The enclosed A	rticles of Amen	dment and fce(s) are subm	itted for filing.					
Please return al	l correspondenc	e concerning this matter to	the following:					
	Ki	rsten Renee Sears						
			Name of Person		*			
	K	S4, LLC						
			Firm/Company					
	36	640 Preserve Blvd.						
			Address					
	P	anama City Beach,	FL 32408					
			City/State and Zip Code			ين يواجر	29	
	kse	ears2@yahoo.com					0 1	
		E-mail address: (to	be used for future annual	report notification)			E.	Carrier 1
For further info	rmation concern	ing this matter, please call	l:		•	SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE	8	
Kirsten Ren	ee Sears		850 27	76-2244			PH	
	Name of Person	1	Area Code	Daytime Telepho	ne Number	A A A A A A A A A A A A A A A A A A A	12: 09	الوار *مدسیدوها
Enclosed is a cl	neck for the follo	owing amount:						
□ \$25.00 Filin	ng Fee ■ S	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing F Certificate of Certified Cop (additional copy	Status &		

MAILING ADDRESS:

1,

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

KS4, LLC	
(<u>Name</u> of the <u>Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabseller Florida document number L14000067763	ility Company were filed on April 22, 2014 and assigned and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET	
	A/C 20
Enter new mailing address, if applicable:	DEC -
(Mailing address MAY BE A POST OFFICE BO	X)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 7in 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			□ Remove
			☐ Add
			□ Remove
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			2014 DEC - SHOP PH 12: 0
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Page 3 of 3

Filing Fee: \$25.00

