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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kim Bur	Idare LIC
	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Char	Name of Person
	Name of Person
Kim	Bulders LLC
	r nin Company
973	S Easy St Address
	· · ·
Seba	Stran F1, 32958 City/State and Zip Code
Chmill	ess: (to be used for Nature annual report notification)
E-mail addr	
For further information concerning this matter, plea	ise call:
Charles B. Miller	at (772) 559-0146
Name of Person	Area Code Daytime Telephone Number
,	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$25.00 Filing Fee & Certificate of Statu	s Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
I dildildssee, FL 32514	Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kim Build	ers LLC	
(Name of the Limited Liability Cor (A Florida Limit	CTS LLC mpany as it now appears on our records led Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $6/5/14$	and assigned
Florida document number <u>L /40060 9 0 68 3</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Kimrox LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A same	
(Principal office address MUST BE A STREET ADDRESS)		
	 	<u> </u>
		16 DEO -1
Enter new mailing address, if applicable:	N/A Same	2 7
(Mailing address MAY BE A POST OFFICE BOX)		in
D. If amounting the marietaned agent and/on resistant		> 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name+of the new
Name of New Registered Agent:	3 same	
New Registered Office Address:		
	Enter Florida street address	
-		rida Zip Code
	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.

Na Same
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:

<u>Title</u>	Name	Address	Type of Action
	N/A		Add
	,		Remove
			☐ Change
			☐ Remove
,			□ Change
			Add
			Remove
			Charles
	•		☐ Chárfige
			Change Change Remove
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an effective date is ote: If the date	other than the listed, the date must inserted in this blo	t be specific and ock does not m	cannot be prioner the application	r to date of filing able statutory			ling.) Pursuai	
cument's effect	ive date on the De	partment of S	tate's records	•				
	ifies a delayed after the reco		ate, but no	ot an effect	ive time, a	it 12:01 a.	m. on the	earlier
	Dec 3	_	2016	· .				

Page 3 of 3

Filing Fee: \$25.00