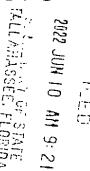
## NHCCC101165

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
SUBJECT: Pand	ay Irdory Name of Lim	TIECK TYCITKEL, ited Liability Company	LLC
The enclosed Articles of .	Amendment and fee(s) are sub	at (15,0) 233, 937 (6) Area Code Daytime Telephone Number	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>San</u>	Name of Person	
		Firm/Company	
	2964 S	and Path Pd	
	Coniciy	Prim/Company  Address  City/State and Zip Code  Sublians Control John Var a Mail, Cam  E-mail address: (to be used for future annual report notification)  this matter, please call:  at (SDU ) 333 9324  Area Code Daytime Telephone Number  1.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)	
For further information co	oncerning this matter, please c	all:	
Son 7 Name of	Person	at ( (f50 ) 2757) 2 Area Code Daytin	93716 ne Telephone Number
Enclosed is a check for th			
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sc Division of Co	
P.O. Box 6323	7	The Centre of	l'allahassee
Tallahassee, F	レ 32314	Z415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

1,	Ω 27
ARTICLES OF O	RGANIZATION 📋 👸
О	F 🚉 💆
(Name of the Limited Liability Compa- (A Florida Limited I.	dability Company) コレデ 量 ロ
The Articles of Organization for this Limited Liability Company Florida document number	were filed on (5)112011 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil the new name must be distinguishable and contain the words "Limited Liabil"	KEF, LLC
Enter new principal offices address, if applicable:	1991 S Wankesta St
(Principal office address MUST BE A STREET ADDRESS)	1991 S Waukesha St Bunifay Ti 32125
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	end ess on our records, enter the manie of the new regimered
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
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	e must be specific and cann	not be prior to date of fil	ing or more than 90 days	optional) after filing.) Pursuant to	605.0207
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n effective date is listed, the date of the listed in the cument's effective date on the date of the correction of the c	ective date, but not an e		l a.m. on the earlier o		2022 JL
fective date, if other than n effective date is listed, the date of the life in the cument's effective date on the ecord specifies a delayed effective date.  The specifies a delayed effective date on the life is filed.	Sective date, but not an e	effective time, at 12:0		TALLAHASSEE	01 NNF 2202
n effective date is listed, the date office. If the date inserted in the cument's effective date on the date of th	Sective date, but not an e	effective time, at 12:0		of: (b) The 90th day:	

Filing Fee: \$25.00