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(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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SECREMANT OF STATE
TALLAHASSEE, FLORIDA

Pally,

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		d Estate Holdings, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returr	ı all correspo	ndence concerning this matter	to the following:	
		Waldina Enamorado		
			Name of Person	
			Firm/Company	
		7440 SW 130 Ave.		
			Address	
		Miami, FL 33183		
		dmazur@titlechamps.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Waldina Ena	amorado		305 596-1966 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 I	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)
	MAIL	NC ADDRESS.	STDFFT/CAUDIE	TD ANNUFCC.

MAILING ADDRESS:

TO:

Registration Section

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

K W M Real Estate Holdings, LLC	:			
(Name of the Limi	ted Llability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L14000169096 This amendment is submitted to amend the following the control of the	iability Company		ober 30, 2014 and Essigned ARE AUG	でにて
A. If amending name, enter the new name of	_	ility compony bos	G B	7
Enamorado Consulting, LLC	n the minted hat	mity Company ner	13 AHII: 8 ARY OF STAT SSEE, FLORE	_
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the de-	signation "LLC" or the abbreviation L.C.	
Enter new principal offices address, if applic	cable;	7440 SW 130 Av	с.	
(Principal office address MUST BE A STREE	ET ADDRESS)	Miami, FL 33183	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7440 SW 130 Av Miami, FL 33183		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		orado Ave.	our records, enter the name of the r	<u>iew</u>
	Miami	-		
	1/11/01/11	City	, Florida 33183 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Waldina Enamorado	7440 SW 130 Ave.	Add
		Miami, FL 33183	Remove
		- 40	☐ Change
MGR	Kenneth McCoy, II	15271 NW 60 Ave., Suite 201	
		Miami Lakes, FL 33014	■ Remove
			☐ Change
ММ	Kenneth McCoy	15271 NW 60 Ave., Suite 201	D Add
		Miami Lakes. FL 33014	■ Remove
			Change
			D Add
			Remove
			Change
			☐ Remove
		A-MP-1	Change
			Add
			□ Remove
			Change

. If amending any other ir	formation, enter change(s) here: (Att	lach additional sheets, if necessary.)	
			
		<u></u>	
 			
(If an effective date is listed, the Note: If the date inserted in	date must be specific and cannot be prior to date this block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.03 atutory filing requirements, this date will not be listed)207 () I as th
		effective time, at 12:01 a.m. on the earlier	of:
August 6	2018		
1	Dari		
	Signature of a member or authorized re	epresentative of a member	
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specified and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date insertion the date insertion that the shock does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlieb. The 90th day after the record is filed.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00