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## **COVER LETTER**

TO: Registration Sec Division of Corp			
KAR HAI	LL 2000, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub		
	Joseph M. Hernande	ez, Esq.	
		Name of Person	
	Weiss Serota Helfm	an Cole Bierman & Popok, I	P.L.
		Firm/Company	
	2525 Ponce de Leo	n Boulevard, Suite 700	
		Address	
	Coral Gables, Florid	a 33134	
		City/State and Zip Code	
	jhernandez@wsh-lav	V.COM to be used for future annual report notific	nation)
For further information or	oncerning this matter, please ca	•	cation)
Joseph M. Hernand		at () 854-0800	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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)

MAILING ADDRESS:

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

KAR HALL 2000, LLC		
( <u>Name of the Limited Liability Comps</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000175220</u> .	were filed on 11/12/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	C/O WEISS SEROTA HELFMA	N COLE BIERN
(Principal office address MUST BE A STREET ADDRESS)	2525 Ponce de Leon Blvd., Suite 700	
	Coral Gables, Florida 33134	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5 × ×
	, C	<b>か</b> さ
	, Florida City	Sip, Code S
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		

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
			Add
			□ Remove
•			Add
			Remove
			Remove
			□ Add
			Remove  SECRETAR FOR SHALE  Add AM Remove  Remove  Remove  Remove  Remove  Remove  Remove  Remove  Remove
			□ Remove

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effecti	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after so document is filed by the Florida Department of State)
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SECRETARY OF STATE