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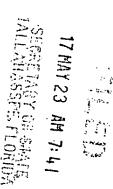
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COVER LETTER

	egistration Se ivision of Cor				
CUB IECT	KEZZLED.	COM LLC			
SUBJECT	Name of Limited Liability Company				
		Amendment and fee(s) are sub	-		
		SCOTT E ITKIN			
			Name of Person		
		PENGUIN TAX INC			
			Firm/Company		
		12401 ORANGE DRIVE	STE 222		
			Address		
		DAVIE, FL 33330			
			City/State and Zip Code		
		ME@SAMEERS.ME	to be used for future annual report notif	instian	
For further	information co	oncerning this matter, please of	·	icanon	
SCOTT E	TIKIN		954 458-2000 at ()_		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	s 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

KEZZLED.COM LLC					
(<u>Name of the Limited Liability Con</u> (A Florida Limite	nnany as it now appears on our reco ed Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Compa	ny were filed on JANUARY 12	, 20115 and assigned			
Florida document number L15000006362					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
KEZZLED LLC					
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		·			
(Principal office address MUST BE A STREET ADDRESS)		**************************************			
		an B			
Enter new mailing address, if applicable:		7) S 4			
Mailing address MAY BE A POST OFFICE BOX)					
		Con white			
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the n			
egistered agent and or the new register on other address.					
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street add	ress			
	. Florida				
	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 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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tive date, if other than the date of filing: [Rective date is listed, the date must be specific and cannot be a lift the date inserted in this block does not meet the appearance of State's recomment's effective date on the Department of State's recomment.	prior to date of filing plicable statutory	or more than 90 de	_ (optional) ays after filing.) nts, this date v	Pursuant to	o 60 e lis
ecord specifies a delayed effective date, but e 90th day after the record is filed.	not an effecti	ive time, at 12	2:01 a.m. o	n the e	arli
MAY 22 2017	/- ·				
Signature of member of	inthorized congress	tative of a member			_

Page 3 of 3

Filing Fee: \$25.00