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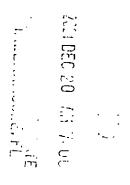
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A. BUTLER

JAN 7 2022

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	KØ3 AdV	150/5 LL	
The enclosed Articles of	f Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	ART	URO A.	ROTAS
	KI	Name of Person S ADVISOR Firm/Company	25 24C
	3129	Firm/Company AOLA	DR.
		Address fm 1 FL 3	
	Arma. E-mail address: (to	City/State and Zip Code	o/. com
For further information	concerning this matter, please call	O .	
	RS A. ROJA.		6-9094
Name	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	the 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 Addre Registration Division of C P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

KØ3		15015	Zizec Co	7. UL
(Name of the Limited Liz (A Flo	ability Company orida Limited Lia	as it now appears on ability Company)	our records.)	·
The Articles of Organization for this Limited Liabilit	ty Company w	ere filed on3	/11/2015	i. Fi.
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the			ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			 ,	
(Principal office address MUST BE A STREET AL	ODRESS)		· · · · · -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ered office ad	dress on our record		he new registered
			, Florida	
		City	Zij) Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	id complete p d agent as pr tered office a	erformance of my o ovided for in Chap	luties, and I am famili ter 605, F.S. Or, if thi	ar with and s document is

If Changing Registered Agent, Signature of New Registered Agent

1GR= M MBR= A	anager uthorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
		<u> </u>	□Remove
			□Change
···	· · · · · · · · · · · · · · · · · · ·	<u></u>	□Add
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			□Change
	·		□Add
			□Remove

__ □Change

. If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
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Note: If	date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 15 2021
	Signature of a member or authorized representative of a member
	ARTURO A. ROJAS
	Typed or printed name of signee

Filing Fee: \$25.00