## L15000065371

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	 cument Number)	
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT.	KCRE, L	LC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		•	
riease return all correspo	ondence concerning this matter	to the following:	
		Joshua Kohn	
	<del></del>	Name of Person	
		KCRE, LL	C
		Firm/Company	
	7'	965 SW 86 ST #127	
		Address	
	Mia	ımi, FL, 33143	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Josh@ko E-mail address: (	hncommercial.com to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please ca		
Joshu	a Kohn	at (305_)7	946704
	f Person		Daytime Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		Street Addro Registratio	
Division of C		_	f Corporations
P.O. Box 632	27	The Centre	e of Tallahassee
Tallahassee, I	FL 32314	2415 N. M	Ionroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCRE, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document numberL15000065371	were filed on	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 contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· (b) ·
Enter new mailing address, if applicable:		<u>ج</u> · ِ
(Mailing address MAY BE A POST OFFICE BOX)		7: 26 PH 2: 26
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u> i	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I corovided for in Chapter 605, F.S.	un familiar with and Or, if this document is

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>	Address	Type of Action
MGR	Ronald Kohn	3580 Palmetto Ave	<b>X</b> Add
		Miami, FL 33133	□Remove
			□Change
			Remove
		<del> </del>	☐ Change
			□Add
		<del></del>	□ Remove
			□Change
			□Add
		·	□ Remove
		□ Add	
			□Remove
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Note:	ive date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Signature of a member or authorized representative of a member
	Ronald Kohn Typed or printed name of signee