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Office Use Only



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COVER LETTER

TO: Registration Solution of Col					
SUBJECT: KCFE		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Joshva Ko	Name of Person			
	KCPE LL	Firm/Company			
	3580 Palm	ette Avence Address			
	<u>Coconut Giv</u>	Olty State and Zip Code			
	JUSA COLLEGE E-mail address: (to be used for future annual report notifi	cation)	2020 ::EC T/	
For further information of	concerning this matter, please ca	all:		2020 AUG 27 JECKERAL TALLAHA	16
JoShua Name o	LAMA Person	at (315) 794 - 6 Area Code Daytime	704 Telephone Number	27 AM 8	
Enclosed is a check for t	he following amount:			FE 35	
\$\$\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCRE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000065371</u> .	were filed on <u>312312015</u> an	nd assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviati	
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		
	(%) (%)	2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>n</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of th	e new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip	Code
No. 10 Decision of America Circulations of the main at Decision and America		

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>	Address	Type of Action
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		7965 SW Blo Preet Apt. 127	□Remove
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cord sp filed.	ecifies a delayed el	Tective date, but no	ot an effective tii	ne, at 12:01 a.m.	on the earlier of: ((b) The 90th day i	ifter the
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	Kiji	Signature of a	a member or autho	rized representative	or a member		
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