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JAN 11 2020 S. YOUNG

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TO: Registration S Division of Co			
SUBJECT:	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: ALEKSANDRA MUCOALC2YK Name of Person KUEUKO LLC Firm/Company 1005H 10TH ST APT 305 Address 33130 MIAMI FL City/State and Zip Code CLEKSANDRA MUCOALC2YK City/State and Zip Code CLEKSANDRA MIAMI FL CITY MIAMI FL City/State and Zip Code CLEKSANDRA MIAMI FL City/		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ondence concerning this matter to	o the following:	
	ALEKS	SANDRA WUC	DARC24K
	Kut	Firm/Company	
	100 SM	JOTH ST AP	305
	33/30 M		n
	E-mail address: (to	be used for future annual report notif	: Net
For further information e	oncerning this matter, please call	;	
Aleksandi Name o	reson (16000000000000000000000000000000000000	Telephone Number
Enclosed is a check for the	ne 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, F1, 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

KLLEN	JKO LLC	6 7
(<u>Name of the Limited Eiability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on O	05 206 and assigned
Florida document numberL_16 00000 356	•	71 W
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	n "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the name of the ne</u> y
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
	Cirv	, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00