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SECRETARY OF STATE

MAY 11 2016 8. YOUNG

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: K	INGMOR FLOORS Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	EIDER 1	A. REINOSO Name of Person			
	KINGMOR F	Firm/Company			
	18141 NW	91St CT Address		16 1	SECT
	HIALEAH	, FL 33018		16 MAY 10	AL AND A
	KINGMORFICE E-mail address: (City/State and Zip Code PS OUTLOOK CON to be used for future annual report noti	(fication)	O PH	SEE. FL
For further information of	concerning this matter, please co	•	,	PH 1: 06	
Eider Rei Name	noso of Person	at (<u>786</u>) <u>442-5</u> Area Code Daytime	7170 e Telephone Number		
Enclosed is a check for t	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 enclose		
MAIL	JNG ADDRESS:	STREET/COURT	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kinamor (Name of the Limited (A	Floors Liability Company Florida Limited Liab	as it now appears	on our records.)		_	
The Articles of Organization for this Limited Liab Florida document number <u>L16000133</u>		re filed on	1/20/20	016 ar	nd assign	ed
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	ne limited liabilit	y company hei	<u>re</u> :			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab	·	Company," the de	signation "LLC" o	or the abbreviati	on "L.L.C.	37
(Principal office address MUST BE A STREET	ADDRESS)				====	NS.
Enter new mailing address, if applicable: (Mailing address MAY BE A FOST OFFICE BO	- <u>-</u> - -				90 :1 HA 01 WH	AHASSEL, FLORID
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on	our records,	enter the n	ame of	the new
Name of New Registered Agent:	Elder	Reino.	02			
New Registered Office Address:	18141 NI	N 918+	CT da street address			
N. D. L. A. A. C.	Hiale	Enter Flora City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		30 8 Code	

New Registered Agent's Signat ... 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 **Title** Name **Address Type of Action** Eider Reinoso 18141 NW 91st CT Hialeah, F1 33018 **★** Change MGR Hernan 2. Moreno Perez □ Add ☐ Change □ Add H □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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an effective		date must be sp	ecific and cant	ot be prior to	late of filing or m			Pursuant to 605.02
	date inserted i effective date of				e statutory filin	ig requirem	nents, this date v	vill not be listed a
	specifies a c			, but not a	n effective t	time, at	12:01 a.m. c	on the earlier
	n day after t							

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00