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MAR 29 2016 J SHIVERS

COVER LETTER

Division of Corpor	rations		
SUBJECT: K	UE Entern Name of Liki	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Kathy	Name of Person	
	6030 P.	Firm/Company Intery Street Address	#/08
			
	Tampa	F1 33616	
-	Eruin Kh	F1 33616 City/State and Zip Code 1 9 AOA - com o be used for future annual report notific	ation)
For further information conc			
Kathy Er	yin Prson	at (<u>813</u>) <u>244</u> Area Code Daytime	-9708 Telephone Number
Enclosed is a check for the f	ollowing 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, FL 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

KWE C	Enterprises LLC
(Name of the Limited (A	Liability Contrany as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on 1-27-16 and assigned 8 668
This amendment is submitted to amend the follow	ing;
A. If amending name, enter the new name of the Kathryn Er	vin. LLC
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter'new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the mame of the new e address here:
	20
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 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 = M $AMBR = A$	lanager authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
		· 	Add
			□ Remove
			☐ Change
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil ote: If the date inserted in this block does not meet the applicable statuto occument's effective date on the Department of State's records.	(optional) (ing or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlie
ated 3 /24 , 20/6 .	

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Filing Fee: \$25.00