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TALL ANASSET FLORIDA.

OCT 2 0 2018
T SCHROEDER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	KYTHPT F1 /11/	
The er	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Kyle Middleton Name of Person	
	(ompan)	
	5229 Bon vivent DC	
	City/State and Zip Code KY I HR I F I @ 6 brail. (cm E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Name of Person at (202) 352 584] Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
ઇ \$ 2	5.00 Filing Fee	

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/6</u> 000/2058	ny were filed on 9/28/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia KYVIN tage LCC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 7
(Principal office address MUST BE A STREET ADDRESS)		
		44 F 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>5</u>
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			
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Cffective date, if other than the date of filing: (op fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af Note: If the date inserted in this block does not meet the applicable statutory filing requirements, to document's effective date on the Department of State's records.	ptional) fter filing.) Pursuant to (this date will not be l	605.0207 (listed as t
e record specifies a delayed effective date, but not an effective time, at $12:01$ The 90th day after the record is filed.	1 a.m. on the ea	rlier of:
Oated 9/28/18 Signatural of a grapher or authorized graps entative of a member		
H for		
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00