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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECŤ:	Karen + Name of Limi	CONCISCO L	LC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		_ Name of Person	
	<u>Karen</u>	Firm/Company	LLC
	2435	Sw 115	avenue
	<u>Mian</u>	ni, Fl. 3316	5
	E-mail address: (1	City/State and Zip Code Miami DMES 6 be used for future annual report notific	gnail.on
For further information con	cerning this matter, please ca	M:	
Karen F	rancisco	at (305) 902	
Name of F			Felephone Number
\$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

TO ARTICLES OF ORGANIZATION

Kair	en Fran	icisco l	LC	
(Name of the Limited Lis (A Flo	ability Company as it now a orida Limited Liability Comp	ppears on our records.)		
The Articles of Organization for this Limited Liability	ty Company were filed of $\frac{597.37}{}$	m 3/14/16	and assign	ned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability compar	ny here:		
The new name must be distinguishable and contain the words of	"Limited Liability Company,"	'the designation "LLC" or the	e abbreviation "L.L.C	3.2
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)		AFR 18	피 - = - 기
Enter new mailing address, if applicable:			三百二 里 5	フ
(Mailing address MAY BE A POST OFFICE BOX	1			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		s on our records, <u>en</u> t	ter the name of	the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	····.	
New Registered Office Address:	2435	SW 115	aveni	10
	Ente Miam'	er Florida street address , 	F 33 Zip Code	165.
Naw Dagistarad Agant's Signatura if ahanging Dagist	tanad Agants			

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

or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
	•		□ Remove
			Remove
			Change
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		377	4	
(If an eff Note:	optional ective date is listed, the date must be specific and cannot be prior to date of filing or inore than 90 days after filir If the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ig.) Pursuai	nt to 60 t be l is	05.0207 (3)(b sted as the
f the red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	. on the	earl	ier of:
o, me	\wedge			
Dated	Hpril 12,16.			
	Signature of a member or authorized representative of a member			
	Laren trancisco			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00