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COVER LETTER

го:	Registration Sec Division of Corp		**	
SUD IE				
OBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Alvaro Castillo Name of Person Castillo & Associates Firm/Company 1390 Brickell Avenue Suite 200 Address Miami, FL 33131 City/State and Zip Code alvaro@alvarocastillopa.com E-mail address: (to be used for future annual report notification) rinformation concerning this matter, please call: stillo Name of Person Name of Person Daytime Telephone Number		
Please r	eturn all correspon	ndence concerning this matter t	to the following:	
		Alvaro Castillo		
		, <u> </u>	Name of Person	
		Castillo & Associates		
			Firm/Company	
1390 Brickell Avenue Suite 200				
			Address	
		Miami, FL 33131		
		-		
				cation)
For furt	ther information co	oncerning this matter, please ca	all:	
Alvaro	Castillo			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

K	C II 739, LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/30/2016	and assigned
Florida document number L16000062542	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		5
		EC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		me m
Imputing dutiess MAT BE A FOST OFFICE BOAT		5-1 v
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROSSANA V DE PRATI	1390 Brickell Avenue Suite 200	
		Miami, FL 33131	■ Remove
			Change
MGR	Claudia Hidalgo	1390 Brickell Avenue Suite 200	Add
		Miami, FL 33131	Remove
			Change
			Add
			Remove
			Change Add A
			D-Remove
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