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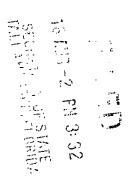
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COVER LETTER

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SI	JBJECT:	KUMKA, L	LC		
			Name of Limi	ited Liability Company	
Th	ne enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ease returr	all correspo	ndence concerning this matter	to the following:	
			DAVID W. SOUTHWELL		
			· · · · · · · · · · · · · · · · · · ·	Name of Person	
			TRUST ADVISORS COR	PORATION	
				Firm/Company	
			5781-B NW 151 STREET		
				Address	
			MIAMI LAKES, FL 3301	4	
				City/State and Zip Code	
			DAVID@TRUSTADVISO		
			E-mail address: (1	to be used for future annual report notific	cation)
Fo	r further i	nformation co	oncerning this matter, please ca	all:	
D.	AVID W.	SOUTHWE	LL	305 822-8161	
_		Name of	f Person	at () Area Code Daytime	Telephone Number
Er	nclosed is a	a check for th	ne following amount:		
	\$25.00 F	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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUMKA, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L16000122616	were filed on 06/27/2016	ar	nd assiį	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
		 1, <u></u>		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviati	ơn LL	C."
Enter new principal offices address, if applicable:	7910 HARBOR ISLAND DRIVE, AF	т 908	1 1 1	
Principal office address MUST BE A STREET ADDRESS)	NORTH BAY VILLAGE, FL 33141		r-b	
		_ <u> </u>	101	<u> </u>
Enter new mailing address, if applicable:	7910 HARBOR ISLAND DRIVE, AF	- S } YT 908 T°	پ 32	
Mailing address MAY BE A POST OFFICE BOX)	NORTH BAY VILLAGE, FL 33141			
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		r the n	ame_o	of the n
	, 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	DAGOBERTO CASTILLO, SR	6420 NW 114TH AVE, APT 1324	Add
		DORAL, FL 33178	■ Remove
			Change
MGR	DAGOBERTO E. CASTILLO	7910 Harbor Island Drive, Apt 908	= Add
		North Bay Village, FL 33141	Remove
			Change
		·	Add
			□ Remove
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte te: If the date inserted in this block does not meet the applicable statutory filing requirements, the	r filing.) Purs	
cument's effective date on the Department of State's records.	is date will	not be listed a
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Filing Fee: \$25.00