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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	G Koit Name of Lin	LLC nited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	G	redales dia	3	
	4	Kuit LLZ Firm/Company		
	1825	Penrith Loop. Address		1 78
	ORLAN	City/State and Zip Code	2824	FEB 23
	E-mail address:	ITSTORE @ GMail to be used for future annual report notif	· CON .	EFFLORIDA
For further information of	concerning this matter, please c	all:		5. 5.
GRed	alys diaz	at (407) 491 Area Code Daytime	7478	
Name (il Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following 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 enclo	

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

G KUIT	LLC		
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liab		11 /0 % / 2016 and assigned	
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	he limited liability company here	:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	三	
		7 FEB 23	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	H	
		2	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new	
	•		
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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
		 	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Rembve Rem
			Change SSE
			□ Change SSE LORO
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Remove
			☐ Change

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		FEB 23
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n effective <u>te:</u> If the	date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing requires effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.02 ements, this date will not be listed
he 90th	I specifies a delayed effective date, but not an effective time, a th day after the record is filed.	t 12:01 a.m. on the earlier
ted	20 February 2017.	

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Filing Fee: \$25.00