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COVER LETTER

SUBJECT: Name of Limited Liability Company	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person	
Please return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code mir2082@yahoo.com	
E-mail address; (to be used for future annual report notifica	gion)
For further information concerning this matter, please call:	
Cheyenne Moseley 800 773-0888 ext.	
Name of Person at () Area Code Daytime T	elephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 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.Q. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom.com, Inc.: From: Lee Ann Rivera

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

KTL ONE HOLDING, LLC			
(Name of the Limited)	iability Compa Iorida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number 1.17000027525	lity Company	were filed on 02/03/201	7 and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liabi	lity company here:	F 11
The new name must be distinguishable and end with the wor	ds "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicabl	e:	695 96TH AVE. N	
(Principal office address MUST BE A STREET A	(DDRESS)	NAPLES, FL 34108	و چ
			<u> </u>
		*w	
Enter new mailing address, if applicable:		695 96TH AVE. N	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	NAPLES, FL 34108	
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	695 96TH AV	E. N	
NOW MORBION OF THE CAMPAGE.		Enter Florida straet	address
<u>.</u>	NAPLES		, Florida 34108 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing Reg	•		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change	and complete red agent as j istered office	performance of my dui provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Chan	ging Registered Agent, Sign	nature of New Registered Agent
	Page 1	of 3	

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
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Aug. 3	<u>1</u> . <u>Zo</u>	17		
	f other than the cust be specific, cannot the filed by the Flo	nent is filed by the Florida Department of State)	f other than the date of filing: must be specific, cannot be prior to date of receipt or filed date and cannot is filed by the Florida Department of State) Aug. 31	nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date that is filed by the Florida Department of State)

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Filing Fee: \$25.00

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