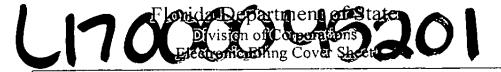
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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BROAD AND CASSEL ORLANDO - CORPORATE Account Number : 120160000074 Account Number : 120160020074

Phone : (407)838-4277 Fax Number : (407)839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KSVM, LLC

Certificate of Status	0
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Corporate Filing Menu

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3/005

Fax Server

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KSVM, LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L17000045201	ompany were filed on 03/01/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	A T Chillin Company " the decignation "I I C"	or the appropriation? I. C."
Enter new principal offices address, if applicable:		C survey and constraints
(Principal office address MUST BE A STREET ADDR)	ESS)	<u>*</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	(C)
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, ress here:	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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
MBR	Karuna Singh	682 OAK HOLLOW WAY	₩ Add
	·	ALTAMONTE SPRINGS, FL 32714	□ Remove
			Change
MBR	Steven Villard	708 POWDERHORN CIRCLE	
		LAKE MARY, FL 32746	□ Remove
			Change
MBR	Jorge Matute	685 OAK HOLLOW WAY	Add
		ALTAMONTE SPRINGS, FL 32714	☐ Remove
			☐ Change
MGR	Jorge Matute	685 OAK HOLLOW WAY	Add
		ALTAMONTE SPRINGS, FL 32714	□ Remove
		3 <i>r</i>	■ Change
			Ramove
			Change
			□ Remove
		-	Change

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Note: I	te date, if other than the date of filing: (optional) dive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, f the date inserted in this block does not meet the applicable statutory filing requirements, this date nt's effective date on the Department of State's records.) Pursuant to 6 will not be F	605.0207 (3)(b) isted as the
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 00th day after the record is filed.	on the ear	rller of:
Dated_	10-16 Revneratingh		
	Signature of a member or authorized representative of a member		1917 -
	KARUNA SINGIH Typed or printed name of signee	•••	
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	Page 3 of 3		7.5
	Filing Fee: \$25.00		ලා ය
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