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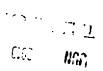
(Re	equestor's Name)			
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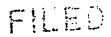
05/17/19--01005--030 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp			
_		KE GROUP LLC		
SUBJI	ECT:	Name of Limite	ed Liability Company	
Th	valuand Assistant of	Amendment and fee(s) are subm	itted for filing.	
		ndence concerning this matter to		
ricasc	return an correspon	idence concerning was maken to		
		GEORGIA EVAUL		
			Name of Person	
		MIAMI WAKE GROUP LI	.c[
			Firm/Company	
		8551 W SUNRISE BLVD -	SÚITE 200	
			Address	
		PLANTATION, FL 33322		
			City/State and Zip Code	
		georgia@gemcpas.com	be used for future annual report no	otification)
Car fo	ether information c	oncerning this matter, please ca		,
		oncerning and matter, preads on	305 764-3877	
GEO	RGIA EVAUL	en	at ()	me Telephone Number
	Name o	f Person	Area code 1249.	ine receptions recover
Enclo	osed is a check for the	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 enclosed)
	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liabil) (A Florid) The Articles of Organization for this Limited Liability (Florida document number 1.17000050619	ity Company as it now appears la Limited Liability Company)	
The Articles of Organization for this Limited Liability (on our records.)
		MANAGEE LONG
	Company were filed on $\frac{03/6}{2}$	23/2017 and assigned
norida document numeer		
		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company he	r <u>e</u> :
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
	,	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
muning underess may be ATOST OFFICE BONY		
		
D 16 P 46 24 3 3 4 4 4 1 1 4 4 4 1		was and a second the second of the second
B. If amending the registered agent and/or registered agent and/or the new registered office ado		our records, enter the name of the nev
Chiteren agent mayor the new registered ornee was		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Flor	ida street address
	Enter Flor	
	Enter Flor	ida street address, Florida Zip Code
New Registered Office Address:	City	, Florida
New Registered Office Address: New Registered Agent's Signature, if changing Registered	City	, Florida Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent	City ed Agent: t and agree to act in this c	, Florida Zip Code apacity. I further agree to comply with the
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent provisions of all statutes relative to the proper and designs.	City ed Agent: t and agree to act in this c complete performance of	, Florida
New Registered Office Address: New Registered Agent's Signature, if changing Registered lateral thereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a	City ed Agent: t and agree to act in this complete performance of agent as provided for in C	, Florida, Florida, Zip Code Tapacity. I further agree to comply with the my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered abeing filed to merely reflect a change in the register	City ed Agent: t and agree to act in this complete performance of agent as provided for in Cored office address, I hereb	, Florida, Florida, Zip Code Tapacity. I further agree to comply with the my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Registered lateral thereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a	City ed Agent: t and agree to act in this complete performance of agent as provided for in Cored office address, I hereb	, Florida, Florida, Zip Code Tapacity. I further agree to comply with the my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is
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New Registered Office Address: New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered abeing filed to merely reflect a change in the register	City cd Agent: t and agree to act in this complete performance of agent as provided for in Cred office address, I hereb	, Florida, Florida, Zip Code Tapacity. I further agree to comply with the my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent	City ed Agent: t and agree to act in this c	, Florida Zip Code apacity. I further agree to comply with the

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>Address</u> **Type of Action** <u>Title</u> **Name** Verneuil, Eliott PO BOX 613248 MGR NORTH MIAMI, FL 33261 □ Add ■ Remove ☐ Change □ Add □ Remove _□ Change _D Add _□ Remove _□ Change □ Add □ Remove □ Change _□ Remove ☐ Change □ Add □ Remove _□ Change

. If amending any other information, enter chang	 e(s) here: (Attach additional sheets, if necessary.)
· 	
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cann Note: If the date inserted in this block does not meet t document's effective date on the Department of State's	(optional) ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the applicable statutory filing requirements, this date will not be listed as the s records.
the record specifies a delayed effective date, b) The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated 05/16/2019	
Signature of Whemb	er or authorized representative of a member
Remy Quilliot Type	ed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00