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| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| (Do                     | cument Number)    | <u> </u>    |
| Certified Copies        | _ Certificate:    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

|             | egistration Sec<br>ivision of Corp |  |   |  |
|-------------|------------------------------------|--|---|--|
| CITATION    |                                    | odeling LLC                                  |   |  |
| SUBJECT     | ":                                 |  | ited Liability Company  |  |
| The enclos  | sed Articles of                    | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please retu | irn all correspoi                  | ndence concerning this matter                | to the following:   |  |
|             |                                    | Janet Bonneau                                |   |  |
|             |                                    | <del></del>                                  | Name of Person  | · <del>=</del> · ·   |
|             |                                    | Bonneau Accounting Servi                     | ices Inc  |  |
|             |                                    |  | Firn/Company  |  |
|             |                                    | 1015 W Indiantown Road                       | Suite 202   |  |
|             |                                    |  | Address   | ···  |
|             |                                    | Jupiter Florida 33458                        |   |  |
|             |                                    |  | City/State and Zip Code   |  |
|             |                                    | Khem_Lallman@yahoo.com                       | m   |  |
| For further | information ed                     | n-mail address: (i                           | to be used for future annual report notifiall:                      | cation)  |
| Janet Bon   | neau                               |  | 561 747-0160  |  |
|             | Name of                            | Person                                       | at () 747-0160<br>Area Code Daytime                                 | Telephone Number   |
| Enclosed i  | s a check for th                   | e 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 Fiting 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 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Khem Remodeling LLC (Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/07/2017}{2}$ and assigned Florida document number L17000053372 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

## 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> | <u>Name</u>       | Address                         | Type of Action |
|--------------|-------------------|---------------------------------|----------------|
| MGR          | Khemchand Lallman | 1133 Benoist Farm Road, Apt 306 | Add            |
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| ective date, if other than the effective date is listed, the date m | ne date of filing:       | 2018                 | (0                   | ptional)                     |
| te: If the date inserted in this                                    | block does not meet the  | applicable statutory | filing requirements, | this date will not be listed |
| cument's effective date on the                                      | Department of State's re | coras.               |                      |                              |
| record specifies a delaye   |                          | ut not an effecti    | ve time, at 12:0     | 1 a.m. on the earlier        |
| he 90th day after the re  | cord is filed.           |                      |                      |                              |
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| Inte 20   | 2018                     |                      |                      |                              |
| July 20   |                          |                      |                      |                              |
| Inte 20   |                          | · ·                  | fution of a man-     |                              |

Page 3 of 3

Filing Fee: \$25.00