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COVER LETTER

Division of Corp			
SURJECT: Kor	f Holdings LL	C	
	f Holdings, LL Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Eric	Name of Person	
		Name of Person	
	Kapp	Holdings, LLC Firm/Company	
		Firm/Company	
	7631	Blue SPRIPA DR	
		Blue Spring DR Address	
	LADO	S'LAKET FL 34	L 37
		City/State and Zip Code	
	E-mail addrage: (t	o be used for future annual report notif	ingtion)
For further information as	ncerning this matter, please ca	·	(Cattoff)
For further information cor	icerning this matter, please ca	11.	
Enic Kopp		at (727) 457 - 3. Area Code Daytime	470
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

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

Kopp Holdings	, LLC			_
(Name of the Limit	red Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on		and	assigned
Florida document number <u>L170000</u>	6637.			
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liability company he	ere:		
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		to Free	
			in production of the control of the	APR
			1.2S	R 2
Enter new mailing address, if applicable:			[7] ·	0
(Mailing address MAY BE A POST OFFICE	BOX)		7) 7) 1)	ZE I
			E.	
	1			₩.
B. If amending the registered agent and		our records, ente	<u>r the nam</u>	e of the nev
registered agent and/or the new registered of	tice address here:			
Name of New Registered Agent:	Erickopp			
New Registered Office Address:	7631 Blue S	oning Dr ida street address		
	LAND O'LAXES	Florida	3463	7
	LAND D'LAKES	, 1 lottua _	Zip Сос	de

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 **Title** <u>Name</u> <u>Address</u> Type of Action NIA _□ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change _□ Add □ Remove ☐ Change ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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Filing Fee: \$25.00