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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: CARY	Kisti, L.L.C	•	
Sommer.	Name of Limit	led Liability Company	
The enclosed Articles of Am Please return all corresponde		-	
	GEORGIA M	M KISH Name of Person	
	GARY KISH		
	P.O. Box 7	741 Address M, FL. 34430	
		Address	
	Dunnello	n, FL. 34430	)
-		City/State and Zip Code  St + RIM @ Gmas  be used for future annual report notific	
For further information cone	erning this matter, please cal	II:	
GEORG19_M Name of Pe	KISH	at ( <u>353</u> ) <u>573 – 5</u> Area Code Daytime <sup>2</sup>	2305 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 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

Caru Kish L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
<b>,</b>	, i	
The Articles of Organization for this Limited Liability Company	were filed on <u>04   21   2017</u>	and assigned
Florida document number <u>L1700 00 88939</u> .	f I	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
(Frincipal office address proof the A OFFICE ADDRESS)		
		-
Pater and and the address of another bloom		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	·	<del></del> _
		_ <del></del>
D. If amonding the projectional argue and/or marietaned of	Tan address or our records arts	- the of the
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
	•	17 20.00 20
Name of New Registered Agent:		
Nume of New Neglatered Agein.		
New Registered Office Address:	Enter Florida street address	
	enter v tortaa street ataress	<u> </u>
	, Florida _	<del>5</del>
	Cuy	Edward Code
New Registered Agent's Signature, if changing Registered Agent:		1 N

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 = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR_	GEORGIA M KISH	P.O. BOX 741 DUNNELLON, FL. 3443	Add Add
			□ Remove
			☐ Change
			Adđ
			Remove
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			Change

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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing:  If the date inserted in this block does not meet the applicable statutor.	ng or more than 90 days after filing.) Pursuant to 605
ument's effective date on the Department of State's records.	y ming requirements, this date will not be fish
record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlie
ne 90th day after the record is filed.	
2012	
1000000000000000000000000000000000000	
( ) No the	
	ntative of a member

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Typed or printed name of signee

Filing Fee: \$25.00