(Requestor's Name)
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(D) : [5 (i) N]
(Business Entity Name)
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COVER LETTER

יוט	ision of Corpo	rations		
SUBJECT:		LDINGS, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspond	ence concerning this matter	to the following:	
			Name of Person	
		£171	Firm/Company LL	C.C.
			PRANCAS AVE Address	
		PENSACOL	4 FL 3250	7
		PENSACOLA . E-mail address: (1)	Lity/State and Zip Code SopERISE Auto a to be used for future annual report notifi	GNAIL. COM
For further i	nformation con	cerning this matter, please ca		
A	Name of P	//o T erson	at (200) 456 - Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$ 25.00 I	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:

TO:

Registration Section

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

KITKAR HOLDINGS, 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 I Florida document number Lt7000089970	Liability Company were filed o	n April 21, 2017	and a	ssigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability compar	ıy here:		
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	ne abbreviation "	1L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				 -
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX			
			<u> </u>	<u>.</u>
B. If amending the registered agent and registered agent and/or the new registered of	-	s on our records, <u>en</u>	≥- ≧- €: -	of the
Name of New Registered Agent:	Kirt Vallot			
New Registered Office Address:	3550 Barrancas Avenue			
	Ente	r Florida street address	35	
	Pensacola	, Florida	32507	
	City		Zip Code	۶

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 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Karen Vallot	3550 Barrancas Ave.	
		Pensacola, FL 32507	
			Remove
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00