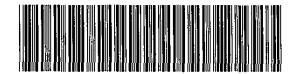
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Registration Section
Division of Corporations

TO:

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

Kaci Campbel	l UC	
Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700098885</u> .	were filed on <u>5</u> 03 17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Kaci and kadi LLC The new name must be distinguishable and contain the words "Limited Liabi		previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	973 Musgrass West Melbourne	<u>civ</u> FL 32904
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	973 musgrass of West Melbourne	cir FL 32904
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the name
New Registered Office Address:		
	Enter Florida street address	99. ATE
	, Florida City	Zip Code

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 = Ma AMBR = Au	anager uthorized Member		
Title MGR	Name Kaci Campbell	Address 973 Musgrass CIr West Melbourne FL	Type of Action DAdd Sarve 32904 Remove
MGR_	kodi Swanson	180 magnosla wood: Unit 20 D Deltona, FL 32725	Change Change Remove
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			Removes
			Change

Page 2 of 3

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
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E. Effective	date, if other than the date of filing: AS Sorr as possible 2/21/18 (optional)		(2)(1)
Note: If	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be less reflective date on the Department of State's records.	isted as	(3)(D) t he
If the recor (b) The 9	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlith day after the record is filed.	lier of:	
Dated F	Signature of a member or authorized representative of a member	-	4
	Kaci Campbell	18 FEB	整
	Typed or printed name of signee	823	FILARY OF CO
	Page 3 of 3	22	340

Filing Fee: \$25.00