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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Kylin Property Management LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Julius Melendez Name of Person Kylin Property Management Firm/Company 5168 W Colonial Dr Address Orlando, FL 32808 City/State and Zip Code info@kylinus.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 8651055 Julius Melendez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kylin Property Management LCC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	v were filed on 05/03/2017	and assigned
lorida document number L17000098922		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	***	·
Mailing address MAY BE A POST OFFICE BOX)	· = · · · · · ·	<u>-</u>
		.
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter th	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zin Code
	CHY	zm cow

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 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	Julius Melendez	5168 W Colonial Dr	≡ Add
		Orlando, FL 32808	Remove
			□Change
			□Add
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