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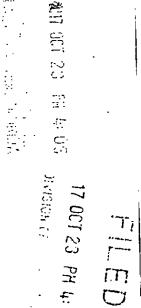
| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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## COVER LETTER

| Division of Corporations  |
|---|
| SUBJECT: King's Kuts Creathener Club UC.  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:   |
| TiFfany Trom Son  |
| King's Kuts Charleman Clab UC.  |
| 3550 Esplanda Way   |
| Tallahasse Florida 32311 City/State and Zip Code  |
| E-mail address: (to be used for futhe annual report notification)   |
| For further information concerning this matter, please call:  |
| TiFfany Thompson at (305) 761 – 1561  Name of Person at (305) Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$ Certificate of Status  Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee \$ Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee \$ Certified Copy (additional copy is enclosed) |

MAHING 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

| (Name of the Limited Liability Compan<br>(A Florida Limited Li  | v as it now appears on our records.) ability Company)  |
|---|--|
| The Articles of Organization for this Limited Liability Company of Florida document number  | # #: 20<br>**  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ty Company," the designation "LLC" or the abbreviation "L.L.C."  3550 Esplanda Way  Tallahassee, Florida 3231/ |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | 3550 Esplanda Way<br>Tallahasser, Florida 32311  |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  | ffice address on our records, enter the name of the new e:   |
| Name of New Registered Agent:   | Frany Thompson   |
| New Registered Office Address:  | S50 Esplanda Way Enter Florida street address  |
| Tall  | ahassee Florida 32311 City Zip Code  |
| Now Dogistared Agent's Signature if changing Degistered Agent   |  |

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 gent, Squature 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 added or removed from our records:

MGR = Manager

| AMBR = A    | Authorized Member |         |                               |
|-------------|-------------------|---------|-------------------------------|
| Title       | Name              | Address | Type of Action                |
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| entive date if o  | her than the date of filing: October 33 2017 (optional)   |                                    |
|                   | ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuanted in this block does not meet the applicable statutory filing requirements, this date will not | ant to 605.0207<br>ot be listed as |
| ument's effective | date on the Department of State's records.  |                                    |
| record specifi    | es a delayed effective date, but not an effective time, at 12:01 a.m. on th   | ne earlier of                      |
| he 90th day a     | fter the record is filed.   |                                    |
| Dala              | - 27 2017   |                                    |
| ed Dafat          | 23 , 2017   |                                    |
|                   | 11 11 11 11 1   |                                    |

Page 3 of 3

Filing Fee: \$25.00