L17600/02888

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COVER LETTER

Division of Corporations SUBJECT: KUCKING UMTED LIMIT Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: LUS A. KGA Name of Person Firm/Company LUS A. KGA Name of Person Area Code Daytime Telephone Namber Firm/Company LUS A. KGA Name of Person Area Code Certificate of Status & Certificate Copy (additional copy is enclosed)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS	A. VEGA	
		Name of Person	
		Firm/Company	
	12962	TRIBUTE DR	
	RIVERY	KW FL 39	3548
	KLWD E-mail address: (LC WYMHOO. CO	Cation)
For further information c	oncerning this matter, please c	all:	
WIS A. V	GEAT		8934
Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		,
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The new name must be distinguishable and contain the words Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MMBR</u>	KIMBERIY J. VEGA	12962 TRIBUTE DR RNGRVIEW. FZ 33548	
		KNORVIEW. FL 33740	□ Remove
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Effective date, if oth	her than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 60.	5 0207 (
Note: If the date inse	rted in this block does not meet the applicable sta	tutory filing requirements, this date will not be list	ted as th
document's effective	date on the Department of State's records.		
the record specifie	s a delayed effective date, but not an e	ffective time, at 12:01 a.m. on the earli	ier of:
	ter the record is filed.	·	
Dated MVV	red 19 / 2018		
·x	1. 11.		
()	Signature of a member or authorized re	presentative of a member	
	INC A TROA		
	Typed or priviled name	of signee	

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Filing Fee: \$25.00