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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations	
erro it	ect: lide KW, LLC	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Chelstopher Manticello Name of Person	
	Chelflopher Monticello Name of Person RIAL KW, LLC Firm/Company	
	rim/Company	
	1739 NW 81:1 AVENLIE Address	
	CORAL STRINGS, FL 33071 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
_ch	LISTIPULE MUNICULO at 954 494-0572 Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
\$2:	5.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$ 55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$ 560.00 Filing Fee, Certified Copy (additional copy is enclosed)	

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

	AMENDMENT	C=
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ARTICLES OF (ORGANIZATION	201
(OF	AUG .
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lule KW, LLC		ACTATIONARY OF
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	2017 AUG 14 PM 4: ALL ALL ALL ASSIE. FLORING:
The Articles of Organization for this Limited Liability Compan	v wer filed on 05/18/2017	and assigned
Florida document number <u>L17000//0390</u> .	y were med on	and aborgives
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	hility company here:	
4. If affectioning flattice, cited the new harne of the himsed ha	only company nere.	
The new name must be distinguishable and contain the words "Limited Liab	sility Company " the designation "LLC" or	the abbreviation "LLC"
the new hatte must be distinguishable and contain the words. Entitled that	my company, the designation like of	the above viation (C.t.).
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 or registered agent and/or the new registered office address he		nter the name of the new
egistered agent and/or the new registered writer address ne	<u> </u>	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	ia
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ote: If d	ie date inserted i	n this block doe	s not meet the	e applicable st	stutory filing re-	quirements, this	onal) filing.) Pursuant to 605.02 date will not be fisted a
cument`	s effective date of	on the Departme	nt of State's	records.			
	I specifies a c th day after t			but not an e	effective time	e, at 12:01 a	.m. on the earlier
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		Signatur	re of a member	r or authorized r	epresentalive of a	member	
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Filing Fee: \$25.00