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COVER LETTER

Registration Section (1992) Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: THE	KEM ESTATE	Company OF	MAPLES LLC
	Name of Lim	ited Liability Company	7
The analysis Agistic of	Amendment and fee(s) are sub-	mitted for Olive	
The enclosed Afficies of	Amendment and rec(s) are such	minica for ming.	
Please return all correspo	ndence concerning this matter	to the following:	
	01/00	- 1 1/21	
	<u> (77105)</u>	Name of Person	
	<i>al a a</i>	2 4	/ 51.4
	ME KAM ESS.	Firm Company 0=	HAPLES, UC
	2960 HE	WMMY DRIVE Address	
	MAPLES	FL 34114 City/State and Zip Code	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	CHR151	TIME RECONFL to be used for future annual report notice	., com
			neamony
For further information e	oncerning this matter, please ca	aH:	
		at () Area Code Daytim	
Name of Person		Area Code Daytim	e Telephone Number
en al antique de al en est	and Call and a surprise		
Enclosed is a check for the		77.444.00.000 19. 6	□ *<0.00 PM = 17
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section		Registration Sec	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida document number <u>L 17000 1/772.5</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		20
		203 HOV
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u>ू</u> ::::
		2:
3. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our record	s, <u>enter the name oCthe new registe</u>
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida stre	et address
	, Florida	
	City	

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

Title	Name	Address	Type of Action
<u>AMBR</u>	ADRIAN WILLIAMS	6181 TIDEWARK ISL CK	bbA≤
		Le 181 TIDE WAVER 151 CR FT. Myras, FL 33908	□Remove
**********			□Add
			Remove
			□ Change
			□Add
		4112.00	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00