Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000036442 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

2020 JUN 3 F

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178

: (214)317-4754 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rma i 1	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KWC26 LLC

Certificate of Status	0
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Page Count	03
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FEB () \$ 12929

Electronic Filing Menu Corporate Filing Menu

To: 18506176383 From: 12143052508 Date: 01/31/20 Time: 10:49 AM Page: 02/04

ARTICLES OF AMENDMENT (((H20000036442 3))) TO

ARTICLES OF ORGANIZATION ... ÷ **OF**

KWC26 LLC, a Florida limited liability compa	ny			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records imited Liability Company)	,)		
he Articles of Organization for this Limited Liability Co.	mpany were filed on	a	ınd assi	gned
lorida document number L17000167775	·			
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limite	ed liability company here:			
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbrévia	Z <u>e</u> 20 .	L.C."
Enter new principal offices address, if applicable:			-	
<u>Principal office address MUST BE A STREET ADDRI</u>	<u> </u>		<u>ယ</u>	2 2
		<u> </u>	<u>Р</u>	7 2 1
			2	نب
Enter new mailing address, if applicable:		<u> </u>	_ \% _	
Mailing address MAY BE A POST OFFICE BOX)		[7]		
				
3. If amending the registered agent and/or registered	office address on our records, enter	the name of	the nev	v regis
agent and/or the new registered office address here:				
Name of New Registered Agent:				
gent and/or the new registered office address here:	Enter Florida street addres			
Name of New Registered Agent:		orida	Lip Code	

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

	₹.								
To:	18506176383	From:	12143052508	Date:	01/31/20	Time:	10:49 A	M Page:	03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H20000036442 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Pedro Luis Zambrano Ecarri	10760 NW 82nd Terrace Unit 8	BAdd
	-	Doral, FL 33178	□Remove
			Change
			Remove TALL Gange 3
			Add PP Remove
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Dated June 315t, 2010		
Dated June 315t, 2010	he 90th day afte	day after t
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00