L17000178650

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

	LUE, LLC			
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: Mark G. Ayesh				
		<u>-</u>		
	Mark G. Ayesh			
		Name of Person	·····	
	Ayesh Law Offices			
	Firm/Company			
•	8100 E. 22nd St. N., Bldg. 2	2300, Suite 2		
		Address		
	Wichita, KS 67226			
For further information		·	ication)	
	concerning this matter, prease can	316 682-7381		
Name	of Person		Telephone Number	
Enclosed is a check for	the following amount:			
□ \$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: 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

KADO BLUE, LLC		
(Name of the Limited Liability C (A Florida Lii	C <mark>ompany as it now appears on our reco</mark> mited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com Florida document number L17000178650	npany were filed on August 21, 2017	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	****	
(Principal office address MUST BE A STREET ADDRES	<u></u>	Signature Signat
•		OF F
Enter new mailing address, if applicable:		CORPOI
(Mailing address MAY BE A POST OFFICE BOX)		A A I I I
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ds, enter the name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	Florida
New Degistered Agent's Signature if changing Degistered A	•	<i>Σιρ Coue</i>

New Registered Agent's Signature, it 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
MGR	Virginia Kaye Miller	1322 Miracle Strip Parkway	■ Add
		Pelican 308	□ Remove
		Fort Walton Beach, FL 32548	Change.
			Add
	**		Remove
_			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
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Fective date, if other than t an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	must be specific and cannot be block does not meet the a	pplicable statutory	or more than 90 days a		
e record specifies a delay The 90th day after the r		t not an effecti	ve time, at 12:0	l a.m. on the ear	lier
May 3	2018	·			
. /	. 4				
ated Way 3	Signature of a member or	authorized represent	tative of a member		

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Filing Fee: \$25.00