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SECRETARY OF STATE OF VISION OF CORPORATIONS

N COOPER AUG 2 0 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	KERDECOR Name of Limi	2 A LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	3281 N	PENA Name of Person VA LLC Firm/Company V 73 AVL Address TL 3312 City/State and Zip Code E Keytiles Cato be used for future annual report notification.	
For further information c	oncerning this matter, please ca		Cation
MARTA		at (355) 477 - Area Code) Daytime	OO 9 6 X 1012 Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
·	Certificate of Status	Certified Copy (additional copy is enclosed)	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

(Name of the Limited Liability Comp	Dany as it now appears on our records.) I Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 9/6/17 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		DIVISE SE
Enter new mailing address, if applicable:		AUG 15
(Mailing address MAY BE A POST OFFICE BOX)		
Comming matrices (ATT DE ATT OF OTTICE MANY)		2 22 2
		2: 22
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ne of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		nde

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
MGRM	Xoows management	Inc	
		3281 NW 78 AVE	Remove
		miami FL 33122	Change
ngrm	x'0005 management L	.LC	z Add
		3581 NW 78 Are	Remove
		miami FL 33122	Change
MGRM	SEBAL ENTERPRISES	ic	jX Add
		POBOX 141566	□ Remove
		Gral Gables, FL 33/14	🗆 Change
			🗆 Add
			□ Remove
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Effect	ive date, if other than the date of filing:	
II an et	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r o
Ine	90th day after the record is filed.	
	A18117 13 2012	
Dated	August 13 . 2018.	
	Signature of a member or authorized representative of a member	
	FERNANDO JIMENEZ	

Page 3 of 3

Filing Fee: \$25.00