## LITUUC 211602

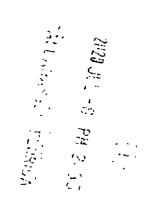
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## **COVER LETTER**

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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: C	ture D'Kar	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Simone N	Name of Person	
		Firm/Company	
	501 Convid	In Road	<b>5</b> 1 ,52
	West Palm Smorebraux	City/State and Zip Code	33405
	E-mail address: (10	be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	11:	
SIMMONA Name o	. Thomas	at ( <u>501</u> ) <u>371-</u> Area Code Daytim	9070 e Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration ! Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karture D'Kau, LL	C		
( <u>Name of the Limited Liabilly Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1700211002.	were filed on DO + 12th 2	017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil.  The new name must be distinguishable and contain the words "Limited Liabil."		the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		:	
(Principal office address MUST BE A STREET ADDRESS)		178	
	وم مر مر بر	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		· · · ›	
		S 03	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	Cuy	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
			□Add
			□Remove
			Change
			□Add
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			Ör □ Change
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			□Add
			Change
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			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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