Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Jennifer L. Williamson, Esq.

Account Number : 076424001425

Account Name : CRARY, BUCHANAN, BOWDISH,

Phone : (772)233-4602

Fax Number : (772)223-4378

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

Email Address: ___ jlw@crarybuchanan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 107MK, LLC

Certificate of Status Certitied Copy 01 Page Count Istimated Charge \$25.00

FEB 1 2 2019

A. LUNT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		K, LLC		
(Name of the Limit	ed Liability Comps (A Florida Limited)	ny as it now appears on our Liability Company)	records,)	
The Articles of Organization for this Limited Li Florida document number L17000214152	ability Company	were filed on 10/16/2017	and assi	gned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	dlity company here:		
	KB AVIATION,			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.I	J.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)				19 K
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A	10 10 10 10 10 10 10 10 10 10 10 10 10 1	3 55
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her	ffice address on our r e:	ਹੈ। ecords, <u>enter the name</u>	•
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida stree	address	
			, Florida	
	_	City	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

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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
	N/A		Add
			□ Remove
			CI Change
			Add
			Remove
			Change
			ned Remove
			Remove Change
			HADD S
			□ Remove
			☐ Change
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			☐ Remove
			☐ Change
			D Add
			☐ Remove
			Change

	ending any other information, enter changets) here: (Attach additional sheats, if nacesways) N/A
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	511 3
क्षा छ। लाह	tive date, if other than the date of filing: (optional) (Receive dute is listed, the date must be specific and enuncing prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 [If the date inserted in this block does not must the applicable statutory filing requirements, this date will not be listed mont's effective date on the Department of State's records.
e re Thi	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
aiec	d 2019
	AATO Para
	Signature of a member or authorized representative of a member
	MATTHEW S. BROWN

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