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S. WARREN JAN 3 0 2018

## COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ERPRISES, LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Hector Alvarez III , Esq		
			Name of Person	<u> </u>
		Title America, a law firm		
Firm/Company				
		201 Sevilla Avenue # 30	1,	
			Address	<del></del>
		Coral Gables, FL. 3313	4	
		<del></del>	City/State and Zip Code	
		HA3ESQ@AOL.COM		
		E-mail address: (	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca	all:	
HECTO	OR ALVAREZ		305 778-2490 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e following amount:		
<b>■</b> \$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

KJDT Enterprises, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/17/2017 and assigned
Florida document number L17000238252	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)	~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the no
Name of New Registered Agent:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
New Registered Office Address:	Plu
	Enter Florida street address
	, Florida
<del></del>	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 decument 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

Page 1 of 3

6

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

Title	<u>Name</u>	Address	Type of Action
AMBR	HECTOR ALVAREZ III	201 SEVILLA AVENUE #301	
		Coral Gables, Florida 33134	Remove
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	date on the Department	of State's records.			
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