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TENNIA Y. HILL

DIRECT DIAL: (502) 560-4207 DIRECT FAX: (502) 627-8707 tennia.hill@skofirm.com

500 WEST JEFFERSON STREET SUITE 2000 LOUISVILLE, KY 40202-2828 MAIN: (502) 333-6000 FAX: (502) 333-6099

April 30, 2018

VIA U.S. EXPRESS MAIL

Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: LCKP FL Holdings, LLC L17000253232

Dear Sir or Madam:

Enclosed please find an original and one photocopy of the Articles of Amendment for the above referenced entity, along with a check in the amount of \$25.00, payable to the Florida Department of State, representative of the filing fee.

Please return the file stamped copy to me in the enclosed self-addressed envelope. Thank you for your assistance. If you have any questions, please feel free to contact me.

Tennia Y. Hill

Certified Kentucky Paralegal

Enclosures

429507.345149/1572562.1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LCKP FL HOL		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000253232	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) for this Limited Liability Company were filed on 12/11/17 and assigned 17000253232 d to amend the following: In the new name of the limited liability company here: Inable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Inaddress, if applicable: UST BE A STREET ADDRESS) In the above and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" In address, if applicable: UST BE A STREET ADDRESS) In the property of the designation "LLC" or the abbreviation "LLC" In address, if applicable: UST BE A STREET ADDRESS) In the property of the designation "LLC" or the abbreviation "LLC" In address, if applicable: UST BE A STREET ADDRESS) In the property of the designation "LLC" or the abbreviation "LLC" In address, if applicable: UST BE A STREET ADDRESS) In the property of the designation "LLC" or the abbreviation "LLC" In address, if applicable: UST BE A STREET ADDRESS) In the property of the designation "LLC" or the abbreviation "LLC" In address, if applicable: UST BE A STREET ADDRESS) In the property of the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "LLC" or the abbreviation "LLC" In the new name of the limited liability company, the designation "	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET ADDRESS)		3
		- PART
Enter new mailing address, if applicable:	2500 S. Ocean Blvd. #703	ORPO
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432	<u> </u>
		OF X
registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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

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
MGR	Bruce Lunsford	2500 S. Ocean Blvd. #703	= Add
		Boca Raton, FL 33432	□ Remove
			Change
MGR	J. Kevin Porter	7400 New LaGrange Rd. Ste 200	Add
		Louisville, KY 40222	■ Remove
			☐ Change
			Add
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an effective date is list <u>lote:</u> If the date inse	her than the date of ed, the date must be speci erted in this block does date on the Departmen	itic and cannot be prior s not meet the applic	to date of filing or more able statutory filing re	(optional) than 90 days after filing. quirements, this date	Pursuant to 605.0207 will not be listed as
e record specific The 90th day a	es a delayed effect fter the record is f	tive date, but no filed.	t an effective tim	e, at 12:01 a.m.	on the earlier of
rated	tur -	27. 2018			
	Signatur	so at a mombar or auto	orized representative of	. m. mbar	

Page 3 of 3

Filing Fee: \$25.00