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| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | | |
| | | JULIET BROWN | | | |
| | | | Name of Person | | |
| | | ··· | Firm/Company | | |
| | | 3016 8TH AVENUE EAS | Γ | <u> </u> | |
| | | | Address | | |
| | | PALMETTO, FL 34221 | | | |
| | | | City/State and Zip Code | | |
| | | judylbrown63@gmail.com | to be used for future annual report no | otification) | |
| For further | information c | oncerning this matter, please ca | | ,,, | |
| JULIET BE | ROWN | | 941 538-2746 at () | | |
| | Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclosed is | a check for th | ne following amount: | | | |
| \$25.00 | Filing Fce | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | ailing Addres | | Street Address: | lection . | |
| Registration Section Division of Corporations | | _ | Registration Section Division of Corporations | | |
| Р. | O. Box 632 | .7 | The Centre of | Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Mont | roe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIBWE ONE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/4/2018}{2}$ and assigned Florida document number $\frac{L18000003841}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KIBWE 2908 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 |
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