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COVER LETTER

TO: Registration Se Division of Cor		·	
SUBJECT:	KL e-ev Name of Lim	Title (C)	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
	K(-	eer Title,	<u>CCC</u>
	2595	TOMPA R	d. Ster
	Palm f	tarbor, Fc City/State and Zip Code	-34684
	E-mail address: (to be used for future annual report notif	He. Com
For further information c	oncerning this matter, please co	all:	
Corie	mosts	a)) 80E	1-7530
Name o	f Person	Area Code Daytime	: 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)

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

KLEERTITLE	, Aflorida Lic	nikd las
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company) 7 (Corpo
The Articles of Organization for this Limited Liability Company Florida document number (180 000 2 9	were filed on <u>2 (5) 18</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Lee Title The new name must be distinguishable and contain the words "Limited Liabil		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2595 TX	roand
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some	34684
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:	Spre	18 15
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	Pri 12
	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

Page 1 of 3

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 Type of Action <u>Address</u> Title Name □ Add ______ Change _____ Add ☐ Remove _____ Change \square \land dd _□ Remove ☐ Change ☐ Remove _____ 🗆 Add ____ Add ☐ Remove _____ Change

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Page 3 of 3

Filing Fee: \$25.00