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COVER LETTER

| TO: Registration Section Division of Corporation | | | |
|--|--|--|--|
| SUBJECT: | Rew Esta Name of Limit | H KATC Ited Liability Company | ilc |
| The enclosed Articles of Arr | endment and fee(s) are subt | mitted for filing. | |
| Please return all corresponde | ence concerning this matter | to the following: | |
| | <u> </u> | L Strong Name of Person | |
| | | Firm/Company | |
| | 2450 (ev | Address | Unit 201 |
| - | St Pet KStor E-mail address: (t | City/State and Zip Code 12 0 Cm o be used for future annual repo | 33712 <u>acast net</u> ort notification) |
| For further information conc | erning this matter, please ca | ill: | |
| Name of Pe | rson | at (S) 3) Area Code | 157 3995 Daytime Telephone Number |
| Enclosed is a check for the f | ollowing amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | 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

| Real Estato | : KatcllC |
|---|--|
| (Name of the Limited Liability Compa (A Florida Limited L | Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 1800034417. | were filed on FCD NUTY 7, 2018 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | ility company here: (NETCh anging) |
| 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: | 2450 Central Are |
| (Principal office address MUST BE A STREET ADDRESS) | Wit 201 |
| (changing) | St petershire h 35/12 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (CMCMCJICG) | St Petersburg Fr 33733 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, enter the name of the new |
| Name of New Registered Agent: | SECTION 1 |
| New Registered Office Address: (Changing) (+ 12 | Enter Florida street address CHOSOUTA Florida 333712 |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Code |

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 amendi | ng Authorized Person | (s) authorized to m | anage, <u>enter the title, name,</u> | and address of each | person being added |
|--------------|---|---------------------|--------------------------------------|---------------------------------------|--------------------|
| | d from our records: Manager Authorized Member | (only cv | ranging a <u>dd</u> | rcss) | |
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| ctive date, if other than the effective date is listed, the date must be inserted in this burnent's effective date on the I | ust be specific a block does no | and cannot b t meet the | e prior to da applicable | | | | .) Pursuan | |
| ecord specifies a delayene 90th day after the re | | | ut not an | effective | time, at 1 | 2:01 a.m. | on the | earlier |
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