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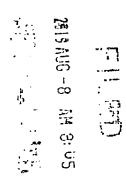
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| Certified Copies | _ Certificates of | Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | Registration Sec Division of Corp | | | |
|-----------|--------------------------------------|---|---|--|
| | | STRIAL PARK, LLC | | |
| SUBJEC | JI: | Name of Limi | ited Liability Company | |
| The encl | osed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | turn all correspor | ndence concerning this matter | to the following: | |
| | | JOSHUA T. BELL | | |
| | | _ | Name of Person | |
| | | KME INDUSTRIAL PAR | K, LLC | |
| | | | | |
| | | 305 WINSTON CREEK P | ARKWAY | |
| | | | Address | |
| | | LAKELAND, FL 33810 | | |
| | | | City/State and Zip Code | |
| | | JBELL@KELLERMECHA | | |
| | | E-mail address: (| to be used for future annual report notific | |
| For furth | er information co | oncerning this matter, please ca | all: | |
| JOSHU | A T. BELL | | 863 686-0947 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for th | e following amount: | | |
| \$25. | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |

TO:

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**

| KME INDUSTRIAL PARK, LLC | |
|--|---|
| (<u>Name of the Limited Lia</u> (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on FEBRUARY 8, 2018 and assigned |
| Florida document number L18000036334 | |
| This amendment is submitted to amend the following | g: |
| A. If amending name, enter the new name of the | limited liability company here: |
| The new name must be distinguishable and contain the words " | 'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET AL | DDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX | |
| - | |
| | |
| B. If amending the registered agent and/or re | egistered office address on our records, enter5the name of the ne |
| registered agent and/or the new registered office a | |
| | |
| Name of New Registered Agent: | |
| Ivanie or vew 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.

Zip Code

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 |
|--------------|---------------|---------------------------------------|----------------|
| MGR | HUBBLE KELLER | 305 WINSTON CREEK PKWY | 5 |
| | | LAKELAND, FL 33810 | ∃ Add |
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| Effective date, if other than the If an effective date is listed, the date mus | date of filing: | prior to date of filing or m | ore than 90 days after filing 1 Pur | Suant to 605 020 |
| Note: If the date inserted in this blocoment's effective date on the Do | ock does not meet the a | pplicable statutory filin | g requirements, this date will | not be listed a |
| document's effective date on the Di | partment of state's rec | oras. | | |
| ne record specifies a delayed | effective date bu | t not an effective t | ime at 12:01 a.m. on: | the earlier (|
| The 90th day after the rec | | | | |
| | 2010 | | | |
| Dated July 29 | . 2019 | · | | |
| | | _ | | |
| | | | | |
| | Signature of a member or | authorised representative | of a member | |

Page 3 of 3

Filing Fee: \$25.00