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(Requestor's Name) (Address) (Address)	500310035805
(City/State/Zip/Phone #)	03/08/1801017013 **25.00
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	FILEL TALLAHASSEE.F 18 MAR - 8 PH
Office Use Only	7: 38



ARTICLES OF AN	MENDMENT	
TO	1	
ARTICLES OF OR		
OF		
LU-ROY KDS (Name of the Limited Liability Company)	LLC as it now appears on our records)	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{2/23/20/8}{2}$.	ere filed on $3/3/18$ and assigned	
This amendment is submitted to amend the following:		
-		
A. If amending name, enter the new name of the limited liability	ty 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 ADDRESS)		_
		i 2
	A HI	1
Enter new mailing address, if applicable:		י- בי
(Mailing address MAY BE A POST OFFICE BOX)		<u>1</u> . ?
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	00	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce 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 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 tide, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Addre	<u>:SS</u>		Type of Action
MGR	Sharon A. Kunne	mam_13	285 17	que Ct. North	🕅 Add
		J	piter	FL 33478	Remove
					Change
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		Page 2 of 3			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effec	tive date, if other than the date of filing: $\underline{-2/23/15}$	(optional)	
	ffective date is listed, the date must be specific and cannot be prior to date of filin If the date inserted in this block does not meet the applicable statutor	gor more than 90 days after filing.) Pursuant to 6	
docur	nent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.m. on the ear	lier of:
Dated	March 5, 2018.		
	Signature of a member or authorized represent	ntative of a member	
	Roy A Kunneman Typed or printed name of sig		
	- Jbee of brune of the		
	Page 3 of 3		

Filing Fee: \$25.00