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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporation | |
|--|--|
| SUBJECT: | +K RE LLC |
| | ARE LLC Name of Limited Liability Company dment and fee(s) are submitted for filing. e concerning this matter to the following: DEMETRI MOUSTOPOULOS Name of Person MOUSTOPOULOS + COMPANY Firm/Company PO BOX 2325 Address PALM HARBOR FL 34682 City/State and Zip Code dm + ax cpa & earthlink.net E-mail address: (to be used for future annual report notification) at (727) Tarea Code Tarea Code Daytime Telephone Number S30.00 Filing Fee & Certificate of Status & Certific |
| The enclosed Articles of Am | nendment and fee(s) are submitted for filing. |
| Please return all corresponde | ence concerning this matter to the following: |
| | DEMETRI MOUSTOPOULOS |
| | Name of Person |
| | MOUSTOPOUROS + COMPANY |
| | Firm/Company |
| | PO BOX 2325 |
| | Address |
| | PALM HARBOR, FL 34682 |
| | City/State and Zip Code |
| - | Email address: to be used for though annual great notification |
| For further information cone | |
| | |
| Den | etri at (727) 781-0346 |
| Name of Pe | rson Area Code Daytime Telephone Number |
| Enclosed is a check for the fo | ollowing amount: |
| \$25.00 Filing Fee | |

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

| L+K RI | E LLC | | | |
|---|--|-----------------------------|-----------------|------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears of ted Liability Company) | n our records.) | | |
| The Articles of Organization for this Limited Liability Comp Florida document numberL_18000073600 | any were filed on | 3-21-18 | and assign | ed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited l | liability company here | : | | |
| The new name must be distinguishable and contain the words "Limited I. | liability Company," the desi | gnation "LLC" or the abbro | eviation "L.L.C | 37 |
| Enter new principal offices address, if applicable: | | | | ASE SE |
| (Principal office address MUST BE A STREET ADDRESS | 2 | | | LACK. |
| | · · · · · · | | ~ . | ASS F |
| Enter new mailing address, if applicable: | | | 7 | FOF S |
| (Mailing address MAY BE A POST OFFICE BOX) | ····· | | | <u>용</u> 돌 |
| | | | . | <u> </u> |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | ur records, <u>enter th</u> | e name of | the new |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Entar Florida | street address | | |
| | ERRET FIOTAL | | | |
| | City | , Florida | 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 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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| Note: If the date inse | ed, the date must be sperted in this block de | of filing: | icable statutory | g or more than 90 days | | |
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| | , | KALLIOPI | | | | |

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Filing Fee: \$25.00