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COVER LETTER

Registration Section

TO:

Division of Cor	porations		•	
Kurt Bogar	rt LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Micah Clukey			
		Name of Person		
	Clukey & Tebault, LLC			
		Firm/Company		
	201 Owens Avenue, Unit	A		
		Address		~;
	Saint Augustine, Florida 3	2080		المارين المارين الاردي
		City/State and Zip Code		レノ
	vroberts@clukeyandtebault E-mail address: (com to be used for future annual report not	ification)	0
For further information c	concerning this matter, please c	all:		
Micah Clukey		904 679-3119 at ()		05
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Address Registration: Division of C	Section	Street Address: Registration Se Division of Co		
P.O. Box 632 Tallahassee.	27	The Centre of		0
i allanassee.	11.75717	2413 IV. MOIII	ic succe suite of	V

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Kurt Bogart LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/27/2018}{2}$ and assigned Florida document number __L18000078049 This amendment is submitted to amend the following: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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 City New Registered Agent's Signature, if changing Registered Agent:

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

company has been notified in writing of this change.

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
CFO	Wells, Jeremy	99 King St 592	
		Saint Augustine, FL 32085	≣Remove
			□Change
			□Remove
			□Change
			Remove
			□ Ghange
			MAN □ □
			Remove
			□Change
			□Add
			Remove
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			Remove
			□Change

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			<u> </u>
		-	
			
te: If the date inserted in this	nust be specific and cannot be pr	ior to date of filing or more than 90 licable statutory filing requires	(optional)) days after filing.) Pursuant to 605.020 ments, this date will not be listed a
cord specifies a delayed effects sfiled.	tive date, but not an effective	e time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after th
June 7 ed	2023		
	 	·	ber, 20 f. 1
	Kurt Bogart		
	(C	thorized representative of a mem	

Filing Fee: \$25.00