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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kit Viuw, LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:  Maurice Arcadier  Name of Person	
Arcadir, Biggie and Wood PLLC	
2815 w. new Haven ave #304	
City/State and Zip Code  Or Cadier o my bour no legal tram. com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	ı
For further information concerning this matter, please call:	
Maurice Arcadier at (321) 953-5998  Name of Person Arca Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$Certified Copy (additional copy is enclosed)}\$\$\$ 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 $\mathbf{OE}$

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ARTICL	ES OF OF	RGANIZATION	18 -/ 6
· '	OF	•	Ju CD
(Name of the Limited Li	Vino 6	L-C	18 FILED
(A FI	orida Limited Lia	as it now appears on our records ibility Company)	
The Articles of Organization for this Limited Liability Florida document number	ty Company w	ere filed on 5/08/16	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the  Atvice The new name must be distinguishable and contain the words		·	
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:		<u>h</u> IA	
(Principal office address MUST BE A STREET AL	ODRESS)		
		n/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office a		ce address on our records.	enter the name of the new
Name of New Registered Agent:	NIA	niA	
New Registered Office Address:		Enter Florida street address	
_		, Flo	rida
<del>-</del>		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 title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = M$	·Ianager Authorized Member	18 FILED	
<u>Title</u>	Name	Address FILED  Address FILED  Address FILED  Address FILED  Address FILED	Type of Action
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ffective date, if other than the date of filing	g: (optional) I cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
<b>Sote:</b> If the date inserted in this block does not n	neet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of S	date's records,
a record specifies a delayed effective d	late, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	ate, but not an enective time, at 12.01 a.m. on the earlier of
(100115)	
Dated 6/25/18.	2018
_ /	nember or authorized representative of a member
4.7	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00