L18000121447

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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

KAA Real Estate LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Igor Krivoruchko Name of Person Luxe Residential, LLC Firm/Company 21500 Biscayne Blvd., Suite 402 Address Aventura Florida 33180 City/State and Zip Code hsixto@luxeresidential.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Haydely 'Lee' Sixto 455-0336 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAA Real Estate LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on May 15, 2018	and assigned
Florida document number L18000121447	<u></u> .	전() <u>그</u> 유
This amendment is submitted to amend the following:		SECIRL CONLTI
A. If amending name, enter the new name of the limit	ited liability company here:	SSE X SEE
Luxe Operating, LLC		SECONDARY CONTRACTOR
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C.\subset co
Enter new principal offices address, if applicable:	A-10187-7-7-0-1	Alion ORIO
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	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 = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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		23 NAV ASSER
		PR CORPORATION [23 PM 2: 57 [AKY Dr. 5] ATE ASSEE, FLORID
		ORID
C. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be prior to date of filing or more than 90 d block does not meet the applicable statutory filing requireme	_ (optional) days after filing.) Pursuant to 605.0207 (3)(ents, this date will not be listed as the
the record specifies a delayed b) The 90th day after the re	ed effective date, but not an effective time, at 1 ecord is filed.	2:01 a.m. on the earlier of:
Dated	2018	
	1-7	
	Signature of a member or authorized representative of a member	 _
lgor Krivoruchko		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00