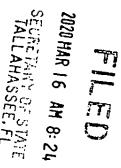
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

RWA ROC SUBJECT:	K INVESTMENTS, LLC	. •			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Steven Lockhart				
		Name of Person			
	RWA ROCK INVESTME	NTS, LLC			
	<del>-</del>	Firm/Company			
	2400 Apopka Blvd.				
		Address			
	Apopka, FL 32703				
		City/State and Zip Code			
	SLockhart@Finfrock.com				
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
Steven Lockhart		407 293-4000 at ()			
Name o	of Person		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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now: (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited L		on 06/07/2018 ar	nd assigned
Florida document number 1.18000141579	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability compa	inv here:	
Spur Street Collaborative, LLC			
he new name must be distinguishable and contain the w	ords "Limited Liability Company,	"the designation "LLC" or the abbreviati	on "L.1C."
Enter new principal offices address, if applic	able:	<u>υ,</u> •	2
Principal office address MUST BE A STREE	T ADDRESS)	ACC	20
		AS O	,
Enter new mailing address, if applicable:		SE A	T
Mailing address MAY BE A POST OFFICE	BOX)	다. 건강	
		\(\text{\text{\$\infty}}\) \(\text{\$\i	
<ol> <li>If amending the registered agent and/or r gent and/or the new registered office addres</li> </ol>	s here:	our records, <u>enter the name of th</u>	<u>ie new regi</u>
Name of New Registered Agent:	Steven Lockhart		
New Registered Office Address:	2400 Apopka Blvd.		
	Ent	ter Florida street address	
	Apopka	Florida 32703	
	City	Zip	Code

## New Registered Agent's Signature, if changing Registered Agent:

RWA ROCK INVESTMENTS, LLC

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>	Name	Address	Type of Action
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			□Remove
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