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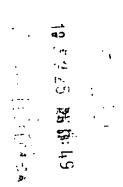
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COVER LETTER

	Registration Se Division of Co		•	
cup icc		Estate LLC		
SUBJEC'	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Kevin Finch		
			Name of Person	
			Firm/Company	
		4664 NW 22nd ST		
			Address	
		Coconut Creek, FL 33063		
			City/State and Zip Code	
		hello@kevinagent.com		
		E-mail address: (to be used for future annual report.	notification)
For furthe	r information o	concerning this matter, please ca	all;	
Kevin Fir	nch		954 531-3349 at ()	
	Name o	of Person	Area Code Day	rtime Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	0 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: 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

Finch Real Estate LLC				
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on 6/11/2018	a	nd assigr	ned
Florida document number L18000142937	<u></u> :			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
Kevin Finch LLC				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviat	ion "L.L.C	<u>.</u>
Enter new principal offices address, if applicable:		-	رم حق	′
(Principal office address MUST BE A STREET ADD	DRESS)		اور. ³ با	1
		·.	152 	<u> </u>
		•	rigi dili.	
Enter new mailing address, if applicable:			<u>21.</u>	•
(Mailing address MAY BE A POST OFFICE BOX)		. •		
		> -		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	Enter Florida street address		name of	the ne
	, Florida		Code	
	City	Zir	i 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
AMBR	Stephanie Leigh Finch		
		4664 NW 22nd ST, Coconut Creek	■ Remove
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			□ Remove
			Change
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		□ Remove	
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Effective date, if a (If an effective date is line) Note: If the date in document's effective	sted, the date mus serted in this bl	st be specific an ock does not	nd cannot be p meet the app	rior to date o		e than 90 days				
the record specif The 90th day				not an e	ffective tir	ne, at 12:0	01 a.m. or	the ea	rlier o	f:
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Dated										
Dated		Signature of a	in 0	$\tilde{\omega}_{\omega}$	nel				_	

Page 3 of 3

Filing Fee: \$25.00