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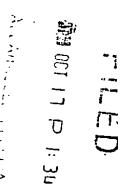
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	_	tion GROUP and Liability Company	
	Amendment and fee(s) are sub	-	2018 CCT 17
	Rodrig	Name of Person	(.)
	<u> </u>	SOWTION GLOC Firm/Company	હેં⊋:
	609 E Sne	2idan St APT Address	202 = =
		City/State and Zip Code	,004 <u>= 2</u>
	E-mail address: (to be used for future annual report notifi	gmail. (om
For further information of	concerning this matter, please c	all:	
2 oda: no	MMDTIMEZ of Person		7049 Telephone Number
Enclosed is a check for t	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)
MAII	INC ADDRESS	STDEET/COUDI	ED ADDRESS.

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

KW 2010	MON GROOP CLC
(A Floric	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L 1800144751</u>	Company were filed on CCTOBER 4, 2018 and assigni
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
	राष्ट्री राष्ट्री
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Ū ;
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, enter the name of the dress here:
Name of New Registered Agent:	
New Registered Office Address:	·
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 be or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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		Jania Beach, FL 3300	4□ Remove
		301 SE 30d St APTI	<u>0</u> ¶_□ Change
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b. If amending any other information, enter change(s) here: (Attach adattional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00