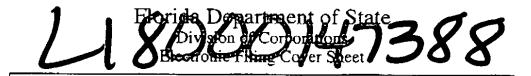
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000236999 3)))



H180002369993ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : CORFORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KKRI ENTERPRISES, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

· CHAMONS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KKRI ENTERPRISES, LLC | |
|--|----------------------------------|
| (Name of the Limited Limbility Company as it now appears on our reco (A Florida Limited Limbility Company) | ords.) |
| The Articles of Organization for this Limited Liability Company were filed on | and assigned |
| Florida document number L18000147388 | |
| This amendment is submitted to amend the following: | 11 to 6 |
| A. If amending name, enter the new name of the limited liability company here: | 5.7 |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | ယ |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office address on our recon registered agent and/or the new registered office address here: | rds, enter the name of the |
| Name of New Registered Agent: | <u> </u> |
| New Registered Office Address: | trass |
| | |
| City' | Florida |

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

08/14/2018 16:41 5616941639 PAGE 03/04

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

| Title | Name | <u>Address</u> | Type of Action |
|-------|----------------|---------------------------|----------------|
| MGR | JASON M MORLEY | 505 S. FLAGLER DR STE 900 | |
| | | WEST PALM BEACH, FL 33401 | U Add |
| | | | ■ Remove |
| | | | ☐ Change |
| MBR | DIANA CASEY | 505 S. FLAGLER DR STE 900 | ■ Add |
| | | WEST PALM BEACH, FL 33401 | |
| | | | □ Remove |
| | | | Change |
| MBR | SEAN O CASEY | 505 S. FLAGLER DR STE 900 | |
| | | WEST PALM BEACH, FL 33401 | |
| | | | Remove |
| | | | ■ Change |
| | | | |
| | | | □ Remove |
| | | | |
| | | | Change 1 |
| | | | |
| | | | Remove |
| | | | 99. 4 |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |

| | | | | | | | . | _ |
|-------------------------------|-----------------------------------|---|---|--------------------|---|----------------------------|---|----------------------|
| | - | | | | | | | _ |
| _ | · | | | | | | | _ |
| _ | | | | | | | | _ |
| | | | | | | | | |
| | | - | • | | | | | |
| | | | · | | | | | _ |
| _ | | | | | | | 28 00 | = |
| _ | | | | | | <u> </u> | C AUG | - -n |
| _ | | | | <u> </u> | | | 0 · · · · · · · · · · · · · · · · · · · | _ = |
| _ | | | | _ - | | | | |
| _ | | | | | | | 701 | |
| | · | | | | | | · · · · · · · · · · · · · · · · · · · | |
| _ | | | | | · | | | |
| - | | | | | | | | _ |
| _ | | | | | | | | - |
| ~- | | | | <u></u> | | | | _ |
| _ | | | | | | | | - |
| If an effer <u>Note:</u> I | ctive date is listed, th | than the date of the date inust be specified in this block does on the Department | ic and cannot be pr not meet the app | licable statutor | ng or more than 90 y filing requiren | (optional days after filis | ig.) Pursuant to 60 | 5.0207 (ted as t |
| | | delayed effecti | | not an effect | tive time, at | 12:01 a.m | on the earl | ier of: |
| | ord specifies a 90th day after | " | | | | | | |
| The 9 | |) | 2018 | | 7 | | | |
| The 9 | 90th day after |) 'UI | 2018 of a member or at | uthorized represen | niaute au memb | ec | | |

Page 3 of 3

Filing Fee: \$25.00