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COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Isabelle Crevier
TKC LLC Firm/Company
2021 NE 59th CT. Address
Ft. Lauderdale FL 33308 City/State and Zip Code
E-mail address: (to be used for future ahnual report notification)
For further information concerning this matter, please call:
Enclosed is a check for the following amount:

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

IKC L	1-C	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>L180002014</u>	· · · · · · · · · · · · · · · · · · ·	$\frac{22/18}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sır	eet address
		. Florida
	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>	Name 0	Address	Type of Action
resident/ MGR/AMBR	Isabelle Crevier	2021 NE 59th (T Ft. Lauderdale, FL 33308	DAdd
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ivote. If the date i	other than the date of listed, the date must be specified in this block door we date on the Department	is not meet the applic	cable statutory titir	(opti nore than 90 days after g requirements, thi	onal) r filing.) Pursuant to 605,02 s date will not be listed	!07 (as t
ne record speci The 90th day	fies a delayed effec after the record is	tive date, but no filed.	ot an effective i	time, at 12:01 a	a.m. on the earlier	of:
Dated <u>Septe</u>	Ma	2018	_·			
	/ Splatu	re of a member or auth	orized representative	of a member	· 	
	Je Hay	1 Lavill	ed name of signee			

Page 3 of 3

Filing Fee: \$25.00