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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : SALHON LEGAL GEOUP, P.L.

Account Number : 120180000045 Phone : (786)508-2020 Fax Number : (786)209-3030

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

ERALL Address: FILINGS@SALMONLEGAL.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAURI INVESTMENTS LLC

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	Registration Sec Division of Corp						
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SUBJEC	T:	Name of Lin	nited Liability Company				
		mendment and fee(s) are sub					
Transfer (C	an an concessor	DAVID II. SALMON					
	SALMON LEGAL GROUP, P.L.						
			Firm/Company				
	Address						
		MIAMI, FL 33131					
			City/State and Zip Code				
		FILINGS@SALMONLEC					
		E-mail address:	(to be used for future annual report n	orification)			
For furth	er information co	incerning this matter, please (	rall:				
DAVID	H. SALMON		786 508-2020				
	Name of	Person	Area Code Days	ine Telephone Number			
Enclosed	l is a check for the	e following amount:					
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul><li>\$60.00 Filing Fee.</li><li>Certificate of Status &amp;</li><li>Certified Copy</li></ul>			

MailingAddress: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## StreetAddress:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

## DocuSign Envelope ID: 2D635709-A01D-4ED3-BB43-301A3FBE9213 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

nd 57046 (4.2Hb)



KAURI INVESTMENTS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny a <u>y it now appears on our rec</u> lability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L19000049086  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab		and assigned
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "l	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)		- 0 NO YO
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	'dress
	Cirv	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity, performance of my duties provided for in Chapter 6	s, and Fam Jaminar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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Transchang Authorized rerson(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
MGR	HOEGGER, MARC	1395 BRICKELL AVENUE, STE 800	<b>=</b> Add
		MIAMI, FL 33131	□Reniove
			□ Change
MGR	SULEIMAN, KHALED	1395 BRICKELL AVENUE, STE 800	<b>≣</b> Add
		MIAMI, FL 33131	□ <b>(2)</b> nove
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ne record specifies a delayed effective da and is filed	ite, but not a	n effective ti	me, ar 12:01 a	m on the earlie	rof; (b) - Ti	he 90th day धरो	ter the
NESS #12 (INCID-12)		2020	<u> </u>				
Dated							
Dated NOVEMBER 13		[	-Docusigned by: Pavid H. Sal				

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