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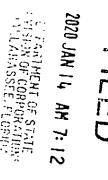
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KWALO FLORIDA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KWAMBE SMITH Name of Person
KWALO FLORIDA LLC  Firm/Company  4179 Lilycrest Way  Address
Powder Springs, GA 30127  Chy/Spate and Zip Code  KL, SGROUP 46 GMAIL, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KWAMBE SMITH at (470) 328-1972  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fec □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED

2020 JAN IL AN 7:

15 CORPORATION OF CORPORA

KWALO FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 18 2019 and assigned Florida document number L1900075352.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Bability Company," the designation "LLG" or the abbreviation "LLC."

•	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4179 Lilycrest Way Powder Springs, GA 30127
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST, OFFICE BOX)	4179 Lilycrest Way Powder Springs, GA 30127

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:	. Enter Florida street a	ddress
_		, 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

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** <u>Name</u> <u>Address</u> **Type of Action** MGR Londe Smith 4179 Lilycrest Way DAdd Powder Springs, 6A 30127t Remove \_\_\_\_\_\_ □ Change \_\_\_\_\_ □Add \_\_\_\_\_\_ □Change \_\_ : \_\_\_\_\_ □Remove \_\_\_\_ □Change \_\_\_\_\_\_ Remove

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_		Signature	e of a member	or authorized	epresentative	of a member			

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Filing Fee: \$25.00