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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: KES MCUCLG LINE SEMILES 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:
VUTE STOVU Name of Person
Firm/Company
2450 (entra Ave Unit 201 Address
City/State and Zip Code  K STUY U 12 @ COM (AST, Net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (\$\sigma3\), U59 3995  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\square \text{\$\square\$}\$\$ \$25.00 \text{ Filing Fee & \$\square\$ \$\$\$ \$60.00 \text{ Filing Fee,} \$\$\$ Certificate of Status \$\$\$\$ Certified Copy \$\$\$\$ Certificate of Status \$
Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)  (additional copy is enclosed)

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

## TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liabi Florida document number		were filed on $A\gamma$	20117,21	$\int \int $	issigne
This amendment is submitted to amend the following	ng:		(nut cha	LINCLIA	(I)
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:	CV (U. C. 10	0 1	'
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the desig	mation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		2450 C	entru 201	AVC_	
	<u>-</u>	St Deter	Shura 1	<u> 1</u> 33	712
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	PO BOX St Pet	16704 Crsburg	63	37
B. If amending the registered agent and/or registered agent and/or the new registered office			ır records, <u>ente</u>	CRE <b>the name</b>	e of t
(NUT Changing) Name of New Registered Agent:					ED
New Registered Office Address:	2457	) Cln+7) Enter Florida	street address Visit	MA	20
(C1(C) 10/1-10/)	St PP.	tersburg city	, Florida _	Zip Cod	<u> []</u>
New Degistered Agent's Signature if changing Degi	ictored Agent.				

## 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

or removed fi	rom our records:	$C = c \circ c \circ A \cap C$	addiece	
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fective date, if other than the date of filing:	V/:
an effective date, if other than the date of fuing:  an effective date is listed, the date must be specific and cannot be prior to tote:  If the date inserted in this block does not meet the applicab ocument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 6
record specifies a delayed effective date, but not a fine 90th day after the record is filed.	an effective time, at 12:01 a.m. on the ear
ted JUNE 18 . 2019	-·
Kaufre	$\mathcal{M}$
Signature of a member or authorize	zed representative of a member
KAHS	roru
Typed or printed	name of signer

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Filing Fee: \$25.00