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COVER LETTER

TO: Registratio Division of	n Section Corporations					
	ROUP, LLC					
SUBJECT:	Name of Limit	ed Liability Company				
The enclosed Article	s of Amendment and fee(s) are subn	nitted for filing.				
Please return all corr	espondence concerning this matter to	o the following:				
	Brian Kracht					
	Kracht Law Firm	Name of Person				
	230 S. New York Ave Suite	Firm/Company 230 S. New York Ave Suite 101				
		Address	<u> </u>			
	Winter Park, FL 32789					
	bkracht@krachtlawfirm.com	City/State and Zip Code				
	E-mail address: (to	be used for future annual report notif	leation)			
For further informati	on concerning this matter, please ca	11:				
Brian Kracht		407 9664554				
Name of Person Area Code Daytime Telephone No		· Telephone Number				
Enclosed is a check	for the following amount:					
■ \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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

(A Florida Limited Liability Company) KCR GROUP, LLC TALLAMASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 4/17/2019 Florida document number ______L19000105766 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 127 West Fairbanks Avenue Enter new principal offices address, if applicable: Unit 428 (Principal office address MUST BE A STREET ADDRESS) Winter Park, FL 32789 127 West Fairbanks Avenue Enter new mailing address, if applicable: **Unit 428** (Mailing address MAY BE A POST OFFICE BOX) Winter Park, FL 32789 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: New Registered Office Address: Enter Florida street address _ Florida City

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>	<u>Name</u>	Address	Type of Action
			Add
•			□ Remove
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_		Signature	e of a member of	or authorized	representative	of a member		 -

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Filing Fee: \$25.00