L19000269405

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INTERIOR OF CORPORATIONS

Crecingly Sec 1.4 5018

COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT:	Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	Susan Merodo Name of Person
	Firm/Company
	1125 Hwy ASA APT 401
	SATELLITE BEACH FL 32937 City/State and Zip Code
	E-mail address: (to be used for future innual report notification)
For further information con	ncerning this matter, please call:
Stephen Name of	Person at (3)1 (26 2856) Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registral Division P.O. Box	STREET/COURIER ADDRESS: Registration Section Of Corporations Clifton Building See, 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

Kuler ILC	No.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	19 000
The Articles of Organization for this Limited Liability Company were filed on 10 28 19	and assigned
Florida document number <u>L19 000 269 405</u> .	(s ^
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	 :
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	er the name of the new
registered agent and/or the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida _	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>	<u>Name</u>	Address	Type of Action
MGR	Stephen P Nierodau	1125 Hwy A1A APT 401 SATELLITE BEACH,	E 33937
			□ Remove
			Change
			□ Add
			□ Remove
			Change
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			Remove
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			Change
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			Remove
			Change

, it am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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,	<u> </u>
,	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Nov 15 . 2019.
	Signature of a member or authorized representative of a member
	Susan D. Nierada Typed or printed name of signee

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Filing Fee: \$25.00