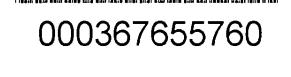
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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06/11/21--01017--002 **25.00

7/12/21

COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
N6382K, I	LC		
SUBJECT:	Name of Lin	nited Liability Company	
		6	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Susan Lewis		
		Name of Person	
	N6382K, LLC		
		Firm/Company	
	4285 SW Martin Highway		
		Address	
	Palm City, FL 34990		
	slewistl@gmail.com	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information c	concerning this matter, please o		
Susan Lewis		309 6064575	949-436-1117
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$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 Addres Registration S		<u>Street Address:</u> Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of	Tallahassee oe Street, Suite 810
ramanassee, i	L1. JAJ14	24 12 IN. MODIC	oc onect, oute 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N6382K, LLC	
(<u>Name of the Limite</u>	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number $\frac{1.20000008940}{1.0000000008940}$	ability Company were filed on 1/2/2020 and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registere</u> <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin Cada

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 of company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
MGR	Susan Lewis	4285 SW Martin Highway	■Add
		Palm City, FL 34990	□Remove
			□Change
MGR	IGR Gabriel Lewis-Keister	4285 SW Martin Highway	
		Palm City, FL 34990	□Remove
			□Change
MGR	Kurt Knepper	1968 S. COAST HWY, STE 860	□Add
		Laguna Beach, CA 92651	=Remove
			□Change
			□Add
			Remove
			Change
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Tective date, if other than an effective date is listed, the date	the date of filing:		(option	al)
an effective date is listed, the date of the listed in this ocument's effective date on the contract of the listed in the listed	s block does not meet t	he applicable statutory	or more than 90 days after fi filing requirements, this c	ling.) Pursuant to 605.020 late will not be listed a
record specifies a delayed effer is filed.	ctive date, but not an e	ffective time, at 12:01 a	.m, on the earlier of: (b)	
				Mar Mari
ated	20	20		<u> </u>
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	Signature of a metab	er or ambacized represent	ative of a member	
				二、国 〇

Filing Fee: \$25.00