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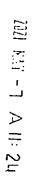
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COVER LETTER

A Company of the Company

Registration Section

TO:

Division of C	Corporations		
	AND KOLM LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	RESHMA THOMAS		
		"-	
	BOHNE AND KOLM		
		Firm/Company	
	2405 TEA OLIVE TERRA	ACE	
		Address	
	VALRICO, FLORIDA, 33	594	
		City/State and Zip Code	
	KEEGAN.DSOUZA01@G		
	E-mail address: (to be used for future annual report notific	ation)
For further information	n concerning this matter, please c	all:	
RESHMA THOMAS		8138410278 at ()	
Nam	e of Person		elephone Number
Enclosed is a check fo	r the following amount:		~ <i>(</i>)
□ \$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)
P.O. Box 6	n Section Corporations 327	Street Address: Registration Secti Division of Corpo The Centre of Tal	on 22 prations lahassee
Tallahassee	5, FL 32314	2415 N. Monroe 9 Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOHNE AND KOLM LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1.20000019627	were filed on 01/03/2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS)		
		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, enter the nai	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		621
New Registered Office Address.	Enter Florida street address	T T
	, Florida	Zip Code
	City	Zip Code
iew 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 Acomply 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 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	KEEGAN DSOUZA	2405 TEA OLIVE TERRACE	= Add
		VALRICO, FLORIDA 33594	□Remove
			□Change
			□ Add
			□Remove
			☐ Change
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			☐ Remove

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in effective date is list ote: If the date inse	ted, the date must be specificated in this block does r	c and cannot be prior not meet the applic	to date of liling or mo able statutory filing	re than 90 days after fil requirements, this d	ing.) Pursuant to 605.0 ate will not be liste	0207 d as
	date on the Department			•		
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ecord specifies a do	clayed effective date, but	t not an effective ti	me, at 12:01 a,m. or	n the earlier of: (b)	The 90th day after	the
is filed.						
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ated	Signature	of a member or autho	orized representative of	of a member		

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Filing Fee: \$25.00