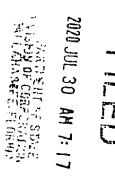
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## **COVER LETTER**

то:	Registration S Division of Co		•	•
CUDIE	Kuro Neko	Investments LLC	•	
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Keith R Smuder		
			Name of Person	
		Kuro Neko Investments L	LC	
		<del></del>	Firm/Company	
		20840 Cedar Bluff Place		
		<del></del>	Address	<del></del>
		Land O Lakes, FL 34638		
			City/State and Zip Code	
		kuronekoinvestments@gma		
			to be used for future annual repor	т поинсаноп)
For furth	her information (	concerning this matter, please c	all:	
Keith R	Smuder		407 810121 at ( )	6
	Name o	of Person	Area Code D	aytime Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■ \$</b> 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Addres Registration	
Registration Section Division of Corporations		Division of Corporations		
	P.O. Box 632	27	The Centre	of Tallahassee

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuro Neko Investments LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/19/2020 Florida document number \_\_\_\_\_L20000135875 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5230 Land O Lakes Blvd Enter new mailing address, if applicable: Unit #763 (Mailing address MAY BE A POST OFFICE BOX) Land O Lakes, FL 34638 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 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
			□Add
			□Remove
			□Change
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	date, if other than we date is listed, the date	us block does not n	neer the applicable	te of filing or more tha statutory filing requ	(optional) n 90 days after filing.) irements, this date w	Pursuant to 605,0207 ( vill not be listed as t
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Filing Fee: \$25.00