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COVER LETTER

TO: Registration : Division of Co		. ,		•	
_{SUBJECT:} Kuro	Neko Investment	s LLC	. •	<u>.</u>	
SUBJECT:		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Keith Smuder				
		Name of Person			
	Kurt Neko Inv	estments LLC			
		Firm/Company			
15017 North Dale Mabry Hwy #1142				÷. v	7AH 3363
		Address		्रा. वि स	Ä
	Tampa, FL 3	33618		0 () 0 () 0 () 0 ()	3
		City/State and Zip Code		- 44	in O
		stments@gmail.cor		37.	<u>ب</u>
For further information	concerning this matter, please c				
Keith Smud	er	ar (813) 474966	3 7		
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for	the 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 Certificate o Certified Co (additional copy	f Status & py	
Mailing Addr Registration Division of P.O. Box 62 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuro Neko Investments LLC					
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000135875</u> .	were filed on 05/19/2020	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	15017 North Dale Mabry Highway				
(Principal office address MUST BE A STREET ADDRESS)	#1142				
	Tampa, FL 33618				
Enter new mailing address, if applicable:	15017 North Dale Mabry H				
(Mailing address MAY BE A POST OFFICE BOX)	#1142	<u> </u>			
	Tampa, FL 33618				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered			
					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Florida				
	City	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 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
	·		
			□Remove
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			□Add
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			Change

Typed or printed name of signee