LZO 000 168557

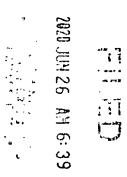
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
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AUG 1 1 2020 S. YOUNG

COVER LETTER

ΓΟ: Registration Sec Division of Corp			
	DING, LLC		7
	Name of Limit	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
(additional copy is enclosed) Certified Copy			
	Raymond G. Robison		
		Name of Person	
	Fox McCluskey Bush Robi	son, PLLC	
		Firm/Company	
	3461 SE Willoughby Blvd.		
		Address	
	Stuart, Fl. 34994		
		City/State and Zip Code	
	_		
	E-mail address: (to be used for future annual report notific	eation)
For further information c	oncerning this matter, please co	all:	
Raymond G. Robison		at (
Name o	r Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

TO:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

K-00 I ONDING, LIC		
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	ي کې
The Articles of Organization for this Limited Lia Florida document number L20000168557	bility Company were filed on June 17, 2020	and assigned
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
K-80 Assets, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the name</u> s here:	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	1
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

L SUBTINITING THE

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 □Remove _____ □Remove _____ □Change ____ □Add _____ Change _____ □ Change

_____ Remove

_____ Change

Tective date, if other than the date of filing:	_	
an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.	_	
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Filing Fee: \$25.00