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S. YOUNG

COVER LETTER

то:		istration Se ision of Cor				,
	~		E USA LLC	*	# #	·
SUBJECT: Name of Limi				nited Liability Compan	y	
T1						
			Amendment and fee(s) are sub	_		
Please re	tum	all correspo	ondence concerning this matter	to the following:		
			ALINE DARMOUNI			
				Name of Perso	n	
			KK RENTE USA LLC			
				Firm/Compan	y	
			1200 BRICKELI. AVENU	JE - SUITE 1960		
				Address		
			MIAMI FL-33131			
				City/State and Zip	Code	
			office@excous.com	to be used for future a		
For furth	er in	iformation c	oncerning this matter, please c		ппиш герогі по	(meation)
ALINE	DAR	RMOUNI		305 at (600 4405	
	-	Name o	f Person	Area Code	Daytir	ne Telephone Number
Enclosed	l is a	check for th	ne following amount:			
■ \$25.	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Copy (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos
Mailing Address: Pagintration Section			eet Address:	ection		
Registration Section Division of Corporations				gistration Se vision of Co		
	P.O	. Box 632	7	The	e Centre of	Tallahassee
	Tal	lahassee, I	FL 32314	241	l 5 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

بر

Liability Compa	any as it now appears Liability Company)	on our records.)	TI TI		
ility Company	y were filed on $\frac{07/1}{y}$	0/2020	and assigned		
·			THE O		
ing:			and assigned		
ne limited liab	oility company her	<u>·e</u> :			
ls "Limited Liabi	ility Company," the des	signation "LLC" o	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		. AVENUE - SU	UTE 1960		
(Principal office address MUST BE A STREET ADDRESS)			MIAMI FL-33131		
TDDRLEADY					
					
) V 1					
(Mailing address MAY BE A POST OFFICE BOX)					
					
istered office	address on our red	cords, enter the	e name of the new registered		
<u>nere</u> :		· · · · , <u>· · · · · · · · · · · · · · ·</u>			
New Registered Office Address: 1200 BRICKELL AVENUE - SUITE 1960					
 	Enter Floria	la street address			
МІАМІ		Flori	da ³³¹³¹		
	City		Zip Code		
	ility Company ing: ne limited liab Is "Limited Liab Ie: 4DDRESS) OX) istered office nere:	ility Company were filed on 07/1 ing: ne limited liability company here Is "Limited Liability Company," the de Ie: 1200 BRICKELL ADDRESS) istered office address on our remere: 1200 BRICKELL AVENUE - SUIT Enter Florid MIAMI	Is "Limited Liability Company," the designation "LLC" of the letter of the lability Company, the designation "LLC" of the letter of the letter of the letter of the label of t		

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 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>	<u>Address</u>	Type of Action
AMBR	KK RENTE	170 SE 14TH STREET SUITE 1002	🗆 Add
		MIAMI, FL 33131	■Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			Remove
			☐ Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. SEPTEMBER 11 Signature of a member or authorized representative of a member KOYTCHA, KOURESH Typed or printed name of signee

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