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SECRETARY OF STATE

11/25/20



## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A CHECO KIECO LICONAMINE OF Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Autherne Dungth Name of Person
Katerra Kican LLC Firm/Company
303 & WW bright Rd. Shite 192
Bynt in Bruh F1 33435 City/State and Zip/Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954), 645-87W  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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**

FILED

2020 OCT 20 PM 3: 52

Kurecea	Xxun	11-6	<b>2020</b> OCT 20	
(Name of the Limites	Liability Compa A Florida Limited	ny as it now appears on Liability Company)	OURTEORIS TALLAHA	OF STATE SSEE.FL
The Articles of Organization for this Limited Lia	bility Company	were filed on Jul	12021	and assigned
Florida document number L 200002	73198		1 1	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)		<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	OX)			
				<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our recor	ds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	KLAM	inc Dunc	uth	
New Registered Office Address:	303	Enter Florida s	ireet address	Shit (192
	Boya	MM BRUL	, Florida _	33435 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
AMBR	Pierce Brehm	303 E WWOlbright Ro	🗆 Add
		Suite 192	Remove
		BUYARA BEUCH, FR 334	35 □Change
			🗆 Add
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f an effect Note: If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e record s d is filed	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 l.
Dated	Ochber 14.2020.
	Signature of a member of authorized representative of a member
	V - \