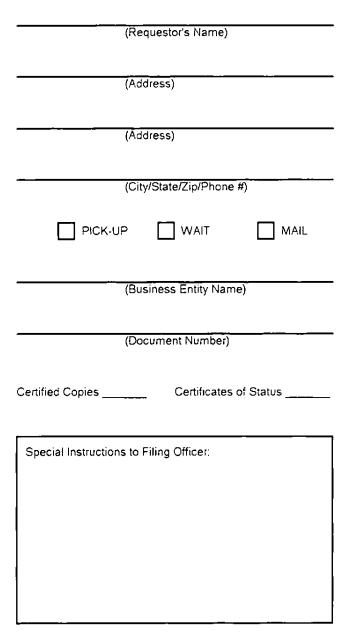
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Office Use Only





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## **COVER LETTER**

TO: Registration Sec Division of Corp							
subject: <u>Ka+1</u>	YA HOMMON Name of Lim	ds LLC ited Liability Company					
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing					
Please return all correspon	dence concerning this matter	to the following:					
	May Fish	Name of Person		<del></del>			
	Katun Har	My Sim/Company					
	1115 Florida	St. Flerai					
	Fleming Fslor			<del></del>			
	E-mail address: (	St @ gmail. Cor to be used for future annual rep	ort notification)				
For further information cor	ncerning this matter, please ca	all:					
KCHYO FISH Name of H	Y C. Person	at (352), 874 - 7206 Area Code Daytime 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 enclose	ed) (	60,00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)			
Hailing Address:		Street Addi	PESS:				

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 70000 344 2.77</u> .	were fried on and assigned and assigned
to submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
KAHYO FISHER LLC The new name must be distinguishable and contain the words "Limited Liab	htty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1801 Wells Rd Orange Park, Pl 32073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1115 Florida St. 7.  Floring Tslorid Pl 32:03 =
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: MM	Katho Fisher
New Registered Office Address: 180 W	Enter Florida street address
Overy P	ORC Florida 32013 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 Changing Registered Agent, Signature of New Registered Agent

It 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

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