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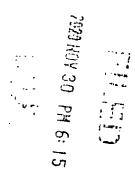
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13 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3K EXPLOSIVE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Guillaume Kedelle
3K EXPRIS LC
4585 Emerald Vista
Lake Worth FL 3346/
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Guillaume Kedelle at (561) 729 9684 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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

3K Expess	ted Liability Company (A Florida Limited Liab	ay it now appears on o	ur records.)	12910430
The Articles of Organization for this Limited Li Florida document number <u>L 20000</u> 3	iability Company we 3 <u>5604</u> 8	ere filed on	10/202	and assigned
This amendment is submitted to amend the following	owing:			Ú
A. If amending name, enter the new name of 3K EXPLS CC. The new name must be distinguishable and contain the week name of the new principal offices address, if application of the enter new principal office address MUST BE A STREE	cable:		tion "LLC" or the abb	oreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	- <u>BOX)</u> -			
B. If amending the registered agent and/or ragent and/or the new registered office addre		dress on our record	ls, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:	Brutta	une Ke	delle	(22)67
New Registered Office Address:	Lake h	Enter Florida str UOTH City	eet address Florida	33461 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
MGR	Quillaume	Kedelle	4885 EMIENG	ld Vista to	62 drAdd
	V		4885 Emerg Cake Worth	FC 3346/	□Remove
					□Change
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		·			🗆 Add
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					Remove
					□Change

	sending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
	· · · · · · · · · · · · · · · · · · ·
(If an e	effective date, if other than the date of filing:
he rec	ord 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 filed.
Date	(sullaume Kedelle
	Signature of a member of authorized representative of a member
	Quillauma Kedelle Typed or printed name of signee

Filing Fee: \$25.00