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| PICK-UP WAIT MAIL |
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| SUBJE | (T· | KIMBERLY CG II | NVESTMENT LLC | |
| SOBJE | <u> </u> | Name of Lin | nited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | | LIZ CASTIL | LO |
| | | | Name of Person | |
| | | | 1985 & CO | |
| | | | Firm/Company | |
| | | | P.O BOX 451446 | |
| | | | Address | · · |
| | | | KISSIMMEE, FL 347 | 45 |
| | | | City/State and Zip Code | |
| | | E-mail address: (| LIZ.CASTILLO@19850 to be used for future annual re | CO.CO |
| For furth | ner information c | oncerning this matter, please c | | · · · · · · · · · · · · · · · · · · · |
| | LIZ CAS | TILLO | at (<u>407</u>) Area Code | 501-2862 |
| | Name o | f Person | Area Code | Daytime Telephone Number |
| Enclosed | d is a check for th | ne following amount: | | |
| ⊠ \$2 5. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | Certificate of Status & |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIMBERLY CG INVESTMENT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/19/2021 and assigned L21000374512 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_. Florida _

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 | ANNIELYS GARCIA-APONTE | 5840 DALIA DRIVE, APT 3 | 20 Add |
| | | ORLANDO, FL 32807 | □Remove |
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