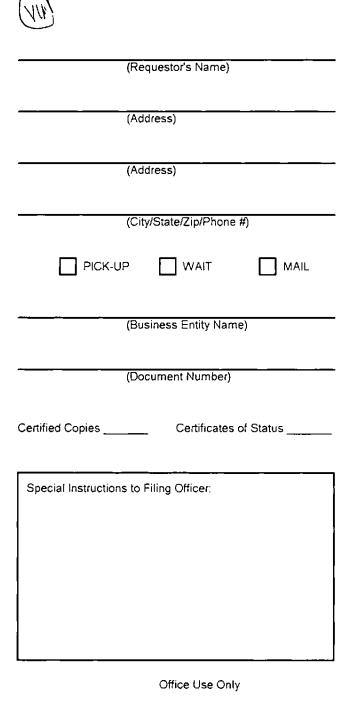
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KB NOTATIZED LLC	
	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Kionn	Name of Person
_ The Notar	J Complete LLC Finn/Company
8150 POW	nt miadows Dr Apt 1707 Address
Jacksipvile,	FL 3256 City/State and Zip Code
Konotary Seni E-mail aldress: (10	OS O OHUK COM De used for future annual report notification)
For further information concerning this matter, please cal	
KINNU BUINETT	at (400) 229 - 320 5 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\int_{\$25.00}\$ \text{Filing Fee}  \text{\$\square\$} \$30.00 \text{ Filing Fee &}	
□ \$30.00 Filing Fee Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

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

(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 122(0020 6559	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The NOTCH CONTRACT The new name must be distinguishable and contain the words "Limited Liabil	ity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	JULKSONVILLE, FL 32207
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	1200 Riveplace Divd Suik 105 Jacksonville, FC 32707
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	NIA
	Enter Florida street address
Jackso	Nill Florida 32207 Zip Cooke

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.

H 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>	Address	Type of Action
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