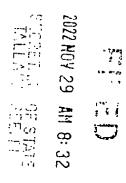
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Office Use Only



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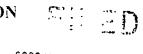
## **COVER LETTER**

TO: Registration Section . Division of Corporations .
SUBJECT: K& Execution Development LLC.  Name 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:
Christien Ricordo Name of Person
K3C Excallation Development U.
255 NW 21St #= 301, Miomi
Mi'ami, FC 33 27  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 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S S30.00 Filing Fee S Certificate of Status Certified Copy (additional copy is enclosed)  S50.00 Filing Fee S Certified Copy (additional copy is enclosed)  S60.00 Filing Fee S 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



K & Excavation D  (Name of the Limited Liability Compa (A Florida Limited Limi	levelopment	2022 MOV 29 AM 8: 32
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	nv as it now appears on Liability Company)	our records.) OF STATE
The Articles of Organization for this Limited Liability Company	were filed on	27/2022 and assigned
Florida document number <u>[22000288632</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
RC General Rooting U.C. The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	. 1	
Enter new principal offices address, if applicable:	<i>N#</i>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<del>.</del>
	//	4
Enter new mailing address, if applicable:	<i>N/±</i>	7
(Mailing address MAY BE A POST OFFICE BOX)		
		· ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new register
		,
Name of New Registered Agent:	<u> </u>	4
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
	City	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.

1//

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	Kristian Ricordo	14158 NW 17th AVE	<u>-</u> □Adđ
		Opa-10cKa, Pl 33054	Remove
		255 NW 21St APT 301	□Change
AMBR	Raph E. River	, Miami, FL , 33/27	□Add
			□Кенюче
		□Change	
			🗆 Add
			Remove
			□Change
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			□Remove
			□Change
		□Remove	
			□Change
			□Add
			□Remove
			□ Change

, 11 au	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:	
f the reco ecord is fi	rd 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 fled.	
Dated	November of poad	
	Signature of a member or authorized representative of a member	
	Christian Ricardo Typed or printed name of signee	

Filing Fee: \$25.00