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COVER LETTER

TO: Registration S Division of Co			
NUMBER	16, LLC		
SUBJECT:	Name of Lin	uted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kathleen A. Kadyszewski		
		Name of Person	
	Murphy Reid, LLP		
	*	Firm/Company	
	1100 U.S. Highway One,	Ste 401	
	<u></u>	Address	· · · · · · · · · · · · · · · · · · ·
	Palm Beach Gardens, FL (33408	
•	· mmakho#l@murphyreid/co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Mireille M. Makhoul		561 355-8800	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	UI \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUMBER 16, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) inuted Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L23000034320	mpany were filed on January 18, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
CTC and KLC Holdings, LLC		63
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation L.C."
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:		A . Tom
(Principal office address MUST BE A STREET ADDRE	SS)	22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		M 12: 34
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
4	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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			L!Remove
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			□Remove
			□Change

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ective date, if other than the verfective date is listed, the date must	date of filing:	ur to duta of Alio	a or many those (10)	_ (optional)	
te: If the date inserted in this blo	ck does not meet the appl	leable statutory	y filing requirem	ents, this date wil	I not be listed a
iument's effective date on the De	partment of State's record	1s.			
ward specitive a delayed official	date, but not an effective	time, at 12:01	a.m. on the earli	er of: (b) The 90)th day after th
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Filing Fee: \$25.00