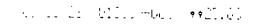
# M15 000001999

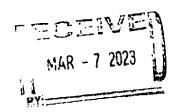
| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| MAR - 7 2023                            |

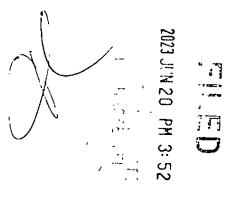




200404122882







### **COVER LETTER**

| Division of C                                                                                      | Section<br>Corporations                   |                        |                                                                                                                                                |                                                           |
|----------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| SUBJECT: Vinyl D                                                                                   | evelopment LLC                            |                        |                                                                                                                                                |                                                           |
|                                                                                                    | Name of Foreig                            | gn Limited Lial        | oility Con                                                                                                                                     | npany                                                     |
| Dear Sir or Madam:                                                                                 |                                           |                        |                                                                                                                                                |                                                           |
| The enclosed application                                                                           | ation, certificate and fee(s)             | ) are submitted        | for filing                                                                                                                                     |                                                           |
| Please return all corr                                                                             | espondence concerning th                  | nis matter to the      | followin                                                                                                                                       | g:                                                        |
| Rebecca C. Bowen, Esc                                                                              | quire                                     |                        |                                                                                                                                                |                                                           |
|                                                                                                    | Name of Person                            |                        | -                                                                                                                                              |                                                           |
| Thompson McMullan,                                                                                 | P.C.                                      |                        |                                                                                                                                                |                                                           |
|                                                                                                    | Firm/Company                              |                        | _                                                                                                                                              | ;                                                         |
| 100 Shockoe Slip, 3rd l                                                                            | -Tr                                       |                        | _                                                                                                                                              |                                                           |
|                                                                                                    | Address                                   |                        | _                                                                                                                                              |                                                           |
| Richmond, VA 23219                                                                                 |                                           |                        |                                                                                                                                                |                                                           |
|                                                                                                    | City/State and Zip Cod                    | le                     |                                                                                                                                                |                                                           |
| E-mail address: (t                                                                                 | o be used for future annua                | l report notifica      | ation)                                                                                                                                         |                                                           |
| For further informati                                                                              | on concerning this matter                 | , please call:         |                                                                                                                                                |                                                           |
| Rebecca C. Bowen                                                                                   |                                           | 804<br>_ at (          | _)                                                                                                                                             | 23                                                        |
| Nam                                                                                                | e of Person                               | Area Code              | & Dayti                                                                                                                                        | me Telephone Number                                       |
| 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 |                                                           |
| Enclosed is                                                                                        | a check for the following                 | amount:                |                                                                                                                                                |                                                           |
| ■\$25 Filing Fee                                                                                   | ☐ \$30 Filing Fee & Certificate of Status | S55 Filing Certified C |                                                                                                                                                | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

CR2E055 (9/15)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

| Enter new principal office address, if applicable:                                                                                                 |                               | ·                         |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|-----------------------|
| ( <u>Principal office address</u><br>MUST BE A STREET ADDRESS)                                                                                     |                               |                           |                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                               |                               |                           | 2023                  |
| 2. The Florida document number of this limited li                                                                                                  | iability company is: M1500000 | 11999                     | 2023 JULY 20 PM 3: \$ |
| 3. Jurisdiction of its organization: Delaware                                                                                                      |                               | f                         | 0 P.H. ;              |
| 4. Date authorized to do business in Florida: Mar                                                                                                  | rch 17, 2015                  | • .                       | ယ္                    |
| <br>SECTION II (5-9 complete only the applicable                                                                                                   |                               |                           | 2                     |
| 5. New name of the limited liability company: $\frac{K}{mus}$                                                                                      |                               |                           |                       |
| If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. | anaging members adopting the  |                           |                       |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a                                            |                               | rds, enter the name of th | ne new                |
| Name of New Registered Agent:                                                                                                                      |                               |                           |                       |
| New Registered Office Address:                                                                                                                     | Enter Mar                     | ida Street Address        |                       |
|                                                                                                                                                    | Enter Pior                    |                           |                       |
|                                                                                                                                                    |                               | Florida<br>Zip C          | ode                   |
|                                                                                                                                                    | City                          |                           |                       |

| le/ Capacity      | <u>Namc</u>                                                                                              | Address                              | Type of Actio   |
|-------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------|
| THO Cupacity      |                                                                                                          | <del></del>                          |                 |
|                   |                                                                                                          |                                      | □Add            |
|                   |                                                                                                          |                                      | □Reme           |
|                   | <del></del>                                                                                              | <del></del>                          | □Add            |
|                   |                                                                                                          |                                      |                 |
|                   |                                                                                                          |                                      |                 |
|                   |                                                                                                          |                                      | PH<br><br>□ Rem |
|                   |                                                                                                          |                                      | □Rem            |
|                   |                                                                                                          | -                                    | □Add            |
|                   |                                                                                                          |                                      | □Rem            |
|                   |                                                                                                          |                                      | □Add            |
|                   |                                                                                                          |                                      |                 |
| aforementioned am | cate, if required: no more than 90 endment(s), duly authenticated by ne law of which this entity is orga | the official having custody of recor | □Remods in the  |

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "VINYL DEVELOPMENT
LLC", CHANGING ITS NAME FROM "VINYL DEVELOPMENT LLC" TO "KV
DEVELOPMENT LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF
MARCH, A.D. 2023, AT 12:08 O'CLOCK P.M.



Authentication: 203476594

Date: 06-02-23

### CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF FORMATION OF VINYL DEVELOPMENT LLC

Vinyl Development LLC, a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act (6 Del.C. Section 18-101, et seq., the "Act"), does hereby certify as follows:

- 1. The name of the limited liability company is Vinyl Development LLC.
- 2. The Certificate of Formation of the limited liability company is hereby amended by deleting the First Provision of the Certificate of Formation in its entirety and substituting the following in lieu thereof:

**FIRST.** The name of the limited liability company formed hereby is KV Development LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on the 31 day of January 2023.

Bv:

Patricia W. Kennedy Authorized Person