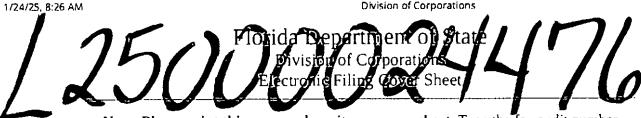
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email 1	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KKE ENTERPRISES LLC

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Corporate Filing Menu

Help

To: 18506176383 Page: 2/4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2025 JAN 24 PM 4: 38
TALLAHASSIF FLORIO

KKE ENTERPRISES 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 v	vere filed on 01/13/2025	and assigned
Florida document number L25000024476		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	oreviation "L.L.C."
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 adapted and/or the new registered office address here:  Name of New Registered Agent:	idress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for covided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

Page: 3/4

Fax: 8134365206

## 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
AMBR	SYKES, KNITTRA	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	□ Remove
			Change
			□Add
			Remove  Remove  Remove  Remove
			Add PH Change
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