

11/6/2017

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: PRIVATE@LARSONACC.COM

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2017 NOV -6 A 10:21
ALLAHASSI
FLORIDA

2017 NOV -6 PM 1:14

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KERPEN INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KERPEN INVESTMENTS 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:

CAROLINE LARSON
Name of Person
LARSON ACCOUTING AND CONSULTING SERVICES LLC
Firm/Company
7901 KINGSPONTE PARKWAY SUITE 17
Address
ORLANDO FL 32819
City/State and Zip Code
PRIVATE@LARSONACC.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CAROLINE LARSON at 407 370.3686
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KERPEN INVESTMENTS 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 were filed on 08/23/2017 and assigned
Florida document number L17000180304

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 7901 KINGSPONTE PARKWAY SUITE 17
ORLANDO FL
32819
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 7901 KINGSPONTE PARKWAY SUITE 17
ORLANDO FL
32819
(Mailing address MAY BE A POST OFFICE BOX)

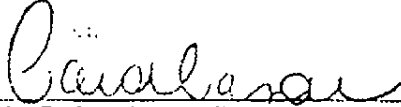
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: LARSON ACCOUNTING AND CONSULTING SERVICES LLC
New Registered Office Address: 7901 KINGSPONTE PARKWAY SUITE 17
Enter Florida street address
ORLANDO FL, Florida 32819
City Zip Code

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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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KERPEN, SAMUEL	7901 KINGSPONTE PARKWAY	<input type="checkbox"/> Add
		SUITE 17	<input type="checkbox"/> Remove
		ORLANDO FL, 32819	<input checked="" type="checkbox"/> Change
AMBR	KERPEN, REGINA	7901 KINGSPONTE PARKWAY	<input type="checkbox"/> Add
		SUITE 17	<input type="checkbox"/> Remove
		ORLANDO FL, 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 27 2017

Signature of a member or authorized representative of a member

SAMUEL KERPEN
Typed or printed name of signer

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