La1000179615





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9/11/202/H



COVER LETTER

Registration Section Division of Corporations

TO:

KDC USA	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Rovira		
		Name of Person	
	La paz Group LLC		
		Firm/Company	
	703 Timberwilde Avenue		
		Address	
	Winter Springs FL 32708		
	112.2	City/State and Zip Code	· ·
	mrovira@lapazgrp.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all;	
Maria Rovira		407 227-3506 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration Se	ection
Division of C	<u> </u>	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION | LED **OF**

2021 AUG 26 AM 4: 27

KDC USA LLC

(Name of the Limited Liability Company as it now appears on our records) (111).

The Articles of Organization for this Limited L	iability Company were filed	d on ^{04/19/2021}	and assigned
Florida document number <u>L21000179615</u>			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability com	pany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Compar	ny," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>		···
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	*/	n our records, enter the nan	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:	5072 113th Avenue North	inter Florida street address	
	Clearwater	, Florida ³⁴	760
	City	, ronda	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 th 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Veronica Arango	231 Dougls Rd. E Unit 5	
		Oldsmar FL 34677	≣Remove
			□Change
AMBR Veronica	Veronica Arango	5072 113th Avenue North	
		Clearwater, FL 34760	□Remove
			Change
MGR	Hugo Arango	231 Douglas RD E Unit 5	
		Oldsmar FL 34677	■Remove
			□Change
AMBR Hugo L Lopez	Hugo L Lopez	5072 113th Avenue North	≡Add
		Clearwater, FL 34760	□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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(If an of Note:	ive date, if other than the date of filing:
he reco ord is f	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 led.
Dated	18 23 2021 When and a member of a member of a member
	Signature of a member or authorized representative of a member
	organizate of a member of authorized representative of a member

(3)(the