## h21000179615





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## **COVER LETTER**

Registration Section

TO:

Division of Corporations							
SUBJECT:		t					
SUBJECT.	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence 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						
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·				
	mrovira@lapazgrp.com						
	E-mail address: (	to be used for future annual report notif	ication)				
For further information c	oncerning this matter, please co	all:					
Maria Rovira		407 2273506 at ()					
Name o	f Person	Area Code Daytimo	: Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fifing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corr The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 28 PH 4: 01 KDC USA 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  $\frac{04/19/2021}{2}$ Florida document number L21000179615 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mark Vision USA LLC 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: (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 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: New Registered Office Address: Enter Florida street address \_, Fłorida

## 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.

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n effecti <u>ete:</u> - If	ve date is listed, the d	ate must be specifie this block does no	and cannot be prior of meet the applic	able statutory filir	nore than 90 days after	onal) r filing.) Pursuant to 66 s date will not be lis	05.0207 sted as
ecord s is filed	necifies a delayed e	ffective date, but i	not an effective t	ime, at 12:01 a.m.	on the earlier of: (I	) The 90th day aft	er the
Ma	irch II	,	2021				
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		1/40					
		Signature of	f a member or auth	orized representative	e of a member		

Filing Fee: \$25.00