

171000515785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

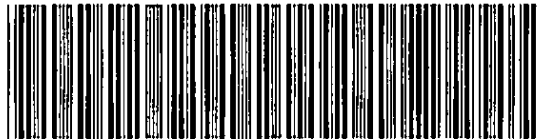
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600379604936

01 01 2022 08:01

FILED  
2022 FEB -7 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
FEB 11 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB -7 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FL

January 25, 2022

MARK KEVITT  
16 RED MAPLE CT  
JONESBOROUGH, TN 37659

SUBJECT: HIGHEST EVER AMATEUR INVESTMENT GROUP, LLC  
Ref. Number: L21000515785

We have received your document for HIGHEST EVER AMATEUR INVESTMENT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P20000060147.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 122A00001943

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Highest Ever Amateur Investment Group, 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:

MARK KEVITT  
Name of Person

\_\_\_\_\_  
Firm/Company

16 Red Maple Court  
Address

JONESBOROUGH, TN 37659  
City/State and Zip Code

MKEVITT@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK KEVITT at (921) 922-6953  
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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 FEB -7 AM 8:01

Highest Ever Amateur Investment Group ~~SEDALEY OF STATE~~  
(Name of the Limited Liability Company as it now appears on our records) ~~FLORIDA~~  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/06/2021 and assigned Florida document number L21000515785

This amendment is submitted to amend the following:

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

~~KP Consulting Services LLC~~ KP Consulting And Marketing Services 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

Florida

City

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 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



