M04000002799

(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Ви	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400263700864

08/26/14--01004--018 **25.00

DEPARTMENT OF STATE

14 AUG 26 AM IO: 45
SECRE FARY OF STATE
SECRE FLORIDA

AUG 2 7 2014 T. HAMPTON

CT Corporation System 1203 Governors Square Blvd, Suite 101, Tallahassee, FL, 3850-222-1092 Kip Prahl Associates LLC Thank you! () Profit (X) Amendment () Merger () Nonprofit () Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Annual Report () Other (X)LLC () Name Registration () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () Call When Ready () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 8/26/2014 Order#: Availability _____ 9254193 Document CB Examiner ____ Ref#: Updater ____ Verifier ____

Amount: \$

W.P. Verifier

÷

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability Company as it appears on the records of the Florida Department of State: Kip Prahl Associates LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: July 15, 2004
SI	ECTION II (4-7 complete only the applicable changes)
4.	New name of the limited liability company: KPA Services, LLC (must contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")
Fl th	f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC.")
5.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
6.	If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
7.	Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of the mulhorized representative ANE CLAYTON Typed or printed name of signee Filling Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "KIP PRAHL ASSOCIATES
LLC", CHANGING ITS NAME FROM "KIP PRAHL ASSOCIATES LLC" TO "KPA
SERVICES, LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF JUNE,
A.D. 2013, AT 7:33 O'CLOCK P.M.

3786925 8100

141107516

AUTHENT CATION: 1646512

DATE: 08-25-14

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 07:39 PM 06/06/2013 FILED 07:33 PM 06/06/2013 SRV 130748072 - 3786925 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

LL C	Liability Company:	KHTICHM	L ASSECIAT
The Certificate of as follows:	Formation of the fin	nited liability cor	npany is hereby amer
NAME OF	inced to	LIABIL "KPA S	ITY CONFAI
IN WITNESS WI	HEREOF, the under	signed have exce	cuted this Certificate
	/		
	Ву	Auth	orized Person(s)
			orized Person(s)