## L04000093145

| (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: |
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Office Use Only

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## **COVER LETTER**

| TO:          | Registration Sec<br>Division of Corp   |  |   |  |  |  |  |  |  |
|--------------|--|--|---|--|--|--|--|--|--|
| (31.75       |  |  |   |  |  |  |  |  |  |
| SUI          | Name of Person Area Code Daytime Telephone Number  osed is a check for the following amount: |  |   |  |  |  |  |  |  |
| The          | enclosed Articles of A   | mendment and fee(s) are subm                 | itted for filing.   |  |  |  |  |  |  |
| Plea         | ase return all correspon   | dence concerning this matter to              | the following:  |  |  |  |  |  |  |
|              |  | YESENIA VAZQUEZ                              |   |  |  |  |  |  |  |
|              |  | <u></u>                                      | Name of Person  | <del></del>  |  |  |  |  |  |
|              |  | WEISBURD, EISEN & PO                         | SSENTI, P.A.  |  |  |  |  |  |  |
| Firm/Company |  |  |   |  |  |  |  |  |  |
|              |  |  |   |  |  |  |  |  |  |
|              |  |  |   |  |  |  |  |  |  |
|              |  | WESTON, FLORIDA 3333                         | 1   |  |  |  |  |  |  |
|              |  |  | City/State and Zip Code   |  |  |  |  |  |  |
|              |  | E-mail address: (to                          | be used for future annual report notific                            | cation)  |  |  |  |  |  |
| For          | further information ec   | oncerning this matter, please cal            | l:  |  |  |  |  |  |  |
| Y13          | ESENIA VAZQUEZ   |  | 954 473-0500<br>at ( )  |  |  |  |  |  |  |
| •            | Name of  | Person                                       | Area Code Daytime   | Telephone Number   |  |  |  |  |  |
| Enc          | closed is a check for th   | e 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

| KG GROUP, LLC  |   |                 |                |
|--|---|-----------------|----------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida I             | Company as it now appears on our records.) Limited Liability Company) |                 |                |
| The Articles of Organization for this Limited Liability Co         | ompany were filed on DECEMBER 23, 2004                                | and assign      | ned            |
| Florida document number L04000093145                               |   |                 |                |
| This amendment is submitted to amend the following:                |   |                 |                |
| A. If amending name, enter the new name of the limite              | ed liability company here:  |                 |                |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the abbr              | eviation "L.L.C |                |
| Enter new principal offices address, if applicable:                |   | <b>=</b>        | 12 IV          |
| Principal office address MUST BE A STREET ADDRE                    | <u></u>   | 100             | <u> 22</u>     |
|  |   | - 5             | ्यू इस्तान<br> |
|  |   | <b>P X</b>      | <u> </u>       |
| Enter new mailing address, if applicable:                          |   | <u>්</u>        | 19.5<br>19.5   |
| Mailing address MAY BE A POST OFFICE BOX)                          |   | 33              | <u> </u>       |
|  |   |                 |                |
| B. If amending the registered agent and/or registe                 |   | e name of       | the ne         |
| egistered agent and/or the new registered office addre             | ess nere:   |                 |                |
| 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

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>               | Address                | Type of Action |
|--------------|---------------------------|------------------------|----------------|
| MGR          | PRINCETON ASSOCIATES, LLC | P.O. BOX 279           |                |
|              |                           | KEY BISCAYNE, FL 33149 | ■ Remove       |
|              |                           |                        | Change         |
|              |                           | <del> </del>           | Add            |
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|              |                           |                        | ☐ Change       |

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| ffective of  | date, if other  | than the dat   | te of filin   | g:          |              | 2.71      | <u>-</u>    | (op                          | tional)     |   |                   |
| ote: If th   | ne date inserte | the date must be<br>d in this block<br>te on the Depar | does not r    | meet the a  | pplicable    | statutory | filing requ | in 90 days a<br>iirements, 1 | this date w | rursuant to<br>rill not be              | listed a          |
| record       | d specifies a   | a delayed ef<br>r the record                           | fective of    | date, bu    | t not ar     | n effecti | ve time,    | at 12:0:                     | l a.m. o    | n the ea                                | arlier (          |
|              | day dice        | . Cric record  | is med.       |             |              |           |             |                              |             |   |                   |
| V            | JUN.            | 26   | . <del></del> | 2018        | .ر           |           |             |                              |             |   |                   |
| ated 🔽       | UIN             |  | -             |             | //           |           |             |                              |             |   |                   |

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Typed or printed name of signee

Filing Fee: \$25.00