L05000100184

(Re	equestor's Name)			
(Ad	dress)			
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2015 APR 24 PH 3: 38

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COVER LETTER

	tion Section of Corporations
KKI	NS investments, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Alex Leiter
	Name of Person
	Firm/Company
	6900 Biscayne Blvd., Suite 8
	Address
	Miami, FL 33138
	. City/State and Zip Code
	alex@the69thgroup.com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Laura Lorenz	at (
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

KKNS Investments, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L95000100184		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	6900 Biscayne Blvd., Suite 8	NEGG
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL33138	HAT PO
		SSE
Enter new mailing address, if applicable:	6900 Biscayne Blvd., Suite 8	PH 3:
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33138	30 (1)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
New Registered Office Address:		
ricw Registered Office Address.	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Title Name Address **Type of Action** MGR PO Box 22965 Luis F. Leiter _ 🗆 Add Hialeah, FL 33022 Remove _□ Add □ Remove _□ Add 7 ☐ Remove _____ 🗖 Add ☐ Remove

amending any other info	mation, enter change(s) here: (Attach addition	onal sheets, if necessary.)
• • •		
·		
**************************************		····
The effective date must be specific,	the date of filing:	(optional) be more than 90 days after
the date this document is filed by t	ne Florida Department of State)	
Dated April 20	2015	
(/4	OK.	
	Signature of a member or authorized representative	of a member
Alex Leiter		
	Typed or printed name of signee	

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Filing Fee: \$25.00

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SECRETARY OF STAIL