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B. BOSTICK
FEB - 2 2012
EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	.CT:	KD Cons	ulting Group LLC		
			ited Liability Company		
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please r	return all corresp	ondence concerning this matter	r to the following:		
Dean M.Drouin Name of Person					
		KD	Consulting Group LLC		
		Firm/Company 225 Seabreeze Cir.			
			Address		-
			Jupiter, FL 33477 City/State and Zip Code		12 FE SEUKI
		Kdcc F-mail address: (onsulting09@yahoo.con to be used for future annual report	notification)	HASSE
For furt	her information	concerning this matter, please of		nonneamony	PH 12: 52 E. FLORID
		an M. Drouin	at (561)	558-5029	<u> </u>
	Name o	of Person	Area Code & Da	aytime Telephone Number	r
Enclose	d is a check for t	he following amount:			
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of Co Clifton Buildi	orporations ng e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KD Consulti	ng Group LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears I Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	9/2/2009	and assigned
Florida document numberL0900085046			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here	•	
The new name must be distinguishable and end with the words "Li"	mited Liability Compar	ny," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		A U	17
		ASS.	S. TERRITOR
Enter new mailing address, if applicable:		[T]	Ti o
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	v 5
		<u> </u>	<u>ک</u> ت
		À	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ur records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
The Registered Office Addition.	Ente	er Florida street addr	ess
		, Florida	
	City		Zip Code
Naw Dagistanad Agant's Cignatura if shanging Dagistanad Agan			

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

MGR = Manager

MGRM = Managing Member

Type of Action Title Address <u>Name</u> Ekaterina T. Drouin MGRM 225 Seabreeze Cir. ☑ Add Jupiter, FL 33477 Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 27 Dated Signature of a member or authorized representative of a member Dean M. Drouin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00