L10000090659

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K. SALY NOV - 2 2016

' COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE		TERPRISES, LLC		
SOBSE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		STEVEN HALL		
			Name of Person	
		KPS93 ENTERPRISES LI	.C	
			Firm/Company	
		6214 NW 45TH TERRAC	E	
			Address	· ·
		COCONUT CREEK, FL 3	3073	
		KPS93@AOL.COM	City/State and Zip Code	
		**	o be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	ıll:	
STEV	EN HALL		954 520-1770	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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**

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TALLAHASSEE, FLORIDA

KPS93 ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 8/30/2010	and assigned		
Florida document number L10000090659				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility 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 or registered agent and/or the new registered office address he	office address on our reco ere:	ords, <u>enter the name of the new</u>		
Name of New Registered Agent:	10 V - \$100 V 17 L 5 C 5 C 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1			
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
		Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
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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:

<u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
MGR	DARLENE TOMLINSON	6214 NW 45TH TERRACE	⊒ Add
		COCONUT CREEK, FL 33073	Remove
			Change
			Add
		,	Remove
			HALLAHASSEE FLORIDE
			□ Remove

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e record spe The 90th d	ecifies a delay ay after the re	ed effective ecord is filed	date, but not	: an effective	time, at 12:01	. a.m. on the e	earlier of
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