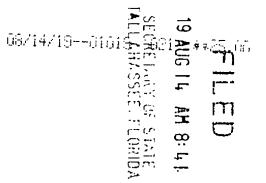
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			•			LLC.		
SUBJEC	CT:	K^{4}	G SINGE	INVES	TIO ENTS	LLC.	ا هر	
				Name of Limite	d Liability Company			
The encl	losed An	ticles of	Amendment and	fec(s) are submi	tted for filing.			
Please re	eturn all	correspo	ndence concernir	ng this matter to	the following:			
			Ke	IRAN (SINGH			
					Name of Person			
			K+G	SMGH	「ハワモミエ」 Firm/Company	MENTS	LLC.	
					Firm/Company			
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			-		Address			
			TORON	TO ONT	ARIO 101 City/State and Zip Co	11 12 N 7	CANAD	Λ
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			E-	mail address: (10	be used for future ann	ual report notifica	tion)	
For furth	her infor	mation c	oncerning this ma	itter, please call	:			
].	LARP	i N	SINGH		at (647)	621 474	+3	
Name of Person					Area Code	Daytime To	elephone Number	
Enclose	d is a che	eck for th	ne following amo	unt:				
	.00 Filing		□ \$30.00 Fili		S55.00 Filing F Certified Copy (additional copy is	r	☐ \$60.00 Filing I Certificate of Certified Copy (additional copy)	Status & y
		Registr	ING ADDRESS:		Regis	EET/COURIER		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

K+G SNGH INVESTME		
(Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)	
(A Fibrida Limitet	r Clabitity Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 05 07	> 612 and assigned
Florida document number L 12000 609 2 4		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
\sim 1	'	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter navy principal offices address if applicables		
Enter new principal offices address, if applicable:	N/A	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		→
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address he	<u>re</u> :	能易力
	1	
Name of New Registered Agent:	N /A	
New Registered Office Address:	N/A	AH &
	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 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.

NA

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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f an effective Note: If the	ate, if other thar date is listed, the dat e date inserted in the effective date on t	e must be spe iis block do	ecific and c es not me	annot be price et the appl	or to date of icable statu	filing or more		after filing.) F		
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		Signati	ure of a me	imber or aut	horized rep	resentative of	a member			

1). It amending any other information, enter change(s) here. [zinden additional success, if necessary, j

Page 3 of 3

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