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(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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2013 OCT 28 PK 4: 43

J. SAULSBERRY EXAMINER

OCT 3 0 2013

Division of Co	Registration Section Division of Corporations					
	and LLC					
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:				
	Gregory Poyser					
		Name of Person				
	KPN Brand					
		Firm/Company				
	10185 SW 141ST C	OURT				
		Address	<u>.</u>			
	MIAMI, FL 33186					
	GPOYSER33@GMA	City/State and Zip Code				
	E-mail address: (t	o be used for future annual report notific	cation)	×.⁴ ∴ .co	20	
For further information	concerning this matter, please c	all:		٠٠.	2013 OCT	
GREGORY POYS	SER	786 256-1040		•		
Name	of Person	at (Area Code & Daytime	Talanhona Niumbor	· ·	28	
		Area Code & Daytime	reteptione Number		PM 4: 43	
Enclosed is a check for t	-			<u>.</u> ⊃ ,~n	$\ddot{\omega}$	
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filin Certificate		s &	

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION OF

ity Company as it now appears on a Limited Liability Company)	our records.)		
Company were filed on	and assigned		
mited liability company here:			
ords "Limited Liability Company,"	the designation "LLC" or the abbreviat	- ion	
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ORESS)			
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istered office address on our i dress here:	records, enter the name of the n	ew	
		-	
Futou L	Jorida street address	-	
Enter r toriaa street aaaress			
City	, Florida Zin Code	-	
	Company were filed on 8-5-20 mited liability company here: Fords "Limited Liability Company," ORESS) istered office address on our idress here:	istered office address on our records, enter the name of the name	

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

or Managing Member being added or removed from our records

MGR = Manage MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
CEO	GREGORY POYSER	10185 SW 141ST COURT	i Ac.
ţ		IVIIAMI, FLORIDA 33186	Remove
Ρ	GREGORY POYSER	10185 SW 141ST COURT	
- ;		MIAMI, FLORIDA 33186	Remove
MGRM	MIGUEL ALMEIDA	10815 SW 112 AVE APT. 112	
		MIAMI, FLORIDA 33176	Remove
CFO	GREGORY POYSER	10185 SW 141ST COURT	Add
,	,	MIAMI, FLORIDA 33186	Remove
MGR	MIGUEL ALMEIDA	10815 SW 112 AVE APT. 112	
		MIAMI, FLORIDA 33176	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			100 5/05

D. I	f amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Date	·d	
		Drogors Pouse
	·	Signature of a meantlef or authorized representative of a member
		Typed of printed name of signee
		Page 3 of 3
•	^	Filing Fee: \$25.00

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