(Re	equestor's Name)				
(Ad	ldress)				
(Ac	ldress)				
(Ĉi	ty/State/Zip/Phone	e#)			
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(Do	ocument Number)				
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JUL 01 2015 D BRUCE

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations					
CHEL	ECT:	K CONSTRU	UCTION GROUP LLC				
SUDJ	EC1.	Name of Lim	ited Liability Company				
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	e return all correspor	ndence concerning this matter	to the following:				
			HARVEY KORMAN				
Name of Person					_		
K CONSTRUCTION GROUP LLC							
	Firm/Company						
			5087 VENTURA DRIVE				
			Address		_		
	,	Ľ	DELRAY BEACH, FL 33484				
			City/State and Zip Code		_		
			orman@kconstructiongroup.				
			to be used for future annual rep	port notification)			
For fu	irther information co	oncerning this matter, please co	all:				
HARVEY KORMAN			561	251-9797			
	Name of	Person	at () Area Code	Daytime Telephone Number		וור	
Enclo	sed is a check for th	e following amount:			JUN 3 RETAR AHASS		
\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose			FILED	

MAILING ADDRESS:

1 ...

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

K CONSTRUCTION GROUP LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	02/12/2014	and assigned
Florida document numberL14000027048		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	——————————————————————————————————————	
		2015
	AR HE AH	
Enter new mailing address, if applicable:	SSE	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	in O	m
	ST. ST	J D
	RIC	ဟု
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter t	he name of the n
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flori	da street address	
	, Florida	
City		Zip Code

New Registered Agent's Signature, it 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 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JONATHAN KORMAN	5375 Ventura Dr Delray Beach, FL	Add
			□ Remove
			Change
			Add
			Remove
			Change
<u>_</u>	-		Add
			Remove
			Change
			Add
			SECRETOR
			SECRETARY OF SILVANDA SEE, FUC
			FS DAdd D
			REMOVE
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ffective da	e, if other than the date of ate is listed, the date must be speci-	ic and cannot	be prior to da	te of filing or mo	re than 90 days	after filing	.) Pursuar	nt to 605.
: If the d	ate inserted in this block does fective date on the Departmen	not meet the	e applicable	statutory filing	requirements.	, this date	will not	be liste
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e 90th	day after the record is f	led.	sat not a	,	110, 40 12.0	J L U.III.	OII CITE	· cumc
d	JUNE 26	,	2015					
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	Signature	of a member	or authorite	I representative	of a member			

Page 3 of 3

Filing Fee: \$25.00