Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200004153423ABCV

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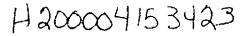
Doing so will generate another cover sheet.

,	To:			KSG Propo 61400009	erties L
		Division of C	orporations		
		Fax Number	: (850)617-6383	L1400009	7145
$\overline{\mathbb{C}}$	From:				
••		Account Name	: IBRAHIM LAW, P.A.		
<u>:</u> :		Account Numbe	r : 120160000084		
in a		Phone	: (954)438-8393		
a		Fax Number	: (954)438-6540		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KSG PROPERTIES, LLC

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COVER LETTER



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eun ivez	r	PERTIES, LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		Odalys Ibrahim, Esquire		
			Name of Person	······································
		Ibrahim Law, P.A.		
			Firm/Company	
		11200 Pines Boulevard, Sc	uic 200	
			Address	4
		Pembroke Pines, FL 3302	6	
			City/State and Zip Code	
		oibrahim@ibrahimlawpa.co	m to be used for future annual report not	(fication)
For further	r information o	concerning this matter, please c		
Odalys lb	rahim		954 438-8393	
	Name o	of Person	at ()	ne Telephone Number
Enclosed i	is a check for t	he following amount:		
≅ \$25. 0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	
I	Division of C	Corporations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT 1200004153423 TO ARTICLES OF ORGANIZATION OF

KSG PROPERTIES, LLC					
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records.) ida Limited Liability Companyi				
The Articles of Organization for this Limited Liability Florida document number L14000097145	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company here:				
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	**************************************				
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		^-;			
B. If amending the registered agent and/or register		me of the new registere			
agent and/or the new registered office address here	g:	1			
		÷.			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address	1 1			
		65			
	, Florida,	Zip Code			
New Registered Agent's Signature, if changing Registe	•	·			
		narga to comply with th			
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete performance of my duties, and I av I agent as provided for in Chapter 605, F.S. C ered office address. I hereby confirm that the	n familiar with and Or, if this document is			

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GONZALEZ, KARLA S	11000 NW 58TH TERRACE	□Add
		DORAL, FL 33178	Remove
			// []Change
MGR	RODRIGUEZ, JOSEFINA	11000 NW 58TH TERRACE	□Add
		DORAL, FL 33178	Remove
			(Change
MGR	ZAMORA, VANESSA E	11000 NW 58TH TERRACE	Andu
		DORAL, FL 33178	□Remove
			☐ Change
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ffective date, if other than the an effective date in listed, the date must lote: If the date inserted in this blocument's effective date on the D	st be specific and cames be ock does not meet the s	ibbucapie ramuota iii	more than 90 days after fili ing requirements, this di	ng.) Pursuant to 605.0207
record specifies a delayed effectiv is filed.	e date, but not an effect	ive time, at 12:01 a.m	u on the earlier of: (b)	The 90th day after the
December 4	, 2020	··		
	Signature of a member or	Authorized passessesses	m of a member	

Filing Fee: \$25.00