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COVER LETTER

TO: Registration Section Division of Corporations Dear Sir or Madam: The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kris Sahadeo
Name of Person INVESTMENTS of Orlawpo LLC. S9 W; Wdrose Drive Orianpo FL 32824

City/State and Zip Code Kris Sahadeo at Lw. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kris Sahadeo at 407 844-6736

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E145 (2/14)

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:
FIRST: The name of the limited liability company is: K&K INVEST MENTS
Of Or Law DO LLC
SECOND: The Florida Document number of the limited liability company is:
THIRD: The street address of the limited liability company's principal office is:
759 WIND MOSE Drive
Orlawpo FL 32824
The mailing address of the limited liability company's principal office is:
759 WIN Prose Prive
Orlawpo FL 32824
FOURTH: The date the statement of authority became effective is: September 9 th , 2015
FIFTH: The statement of authority is cancelled.
OR
The amendment to the statement of authority is
To odd Kris Sahadeo to
the Statement of Authority
The Statement of authority is The Statement of Authority is The Sahadeo
Los habred Kris Sahaden w
Signature of authorized representative Typed or printed name of signature
- Alexander Linnary and Carlotte
Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)