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COVER LETTER

	istration Sec ision of Corp			•
SUBJECT:	KP NETWO	ORK, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		DAVID HATTON		
			Name of Person	
		DAVID L HATTON PA		
			Firm/Company	
		2960 WENTWORTH		
			Address	· · · ·
		WESTON, FLORIDA 333	32	
			City/State and Zip Code	
		dhatton@hattonlaw.com		
For further in	nformation co	E-mail address: (i	to be used for future annual report notificall:	cation)
David Hatto	n		786 373-8899 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

KP NETWORK, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/10/2014 and assigned Florida document number L14000188276 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

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
M GRM	LM HOLDING PARTNERS, LLC	550 SE 5th Avenue, Unit 905S	□ Add
		Boca Raton, Florida 33432	■ Remove
			Change
MGRM	KONDOIT, LLC	9197 Old Pine Road	Add
		Boca Raton, Florida 33428	Remove
			Change
			Add
			Remove
			☐ Change
	-		Add
			□ Remove
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Sective date, if other than the of the effective date is listed, the date must the effective date inserted in this blocument's effective date on the De	ck does not meet the appli	cable statutory filing	(option ore than 90 days after for the requirements, this	iling.) Purs	suant to 0 not be 1	605.026 listed a
record specifies a delayed The 90th day after the reco		ot an effective ti	me, at 12:01 a.	m. on t	:he ea	rlier
ted July 15	, 2015					
	$\nu = \nu \times 1$					
	Signature of a member or aut	norized representative	of a member	-		•

Page 3 of 3

Filing Fee: \$25.00