

L14000188276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

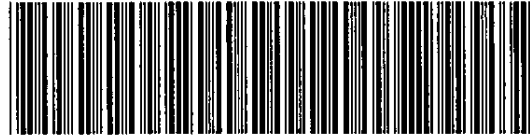
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 03 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KP NETWORK, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID HATTON

Name of Person

DAVID L HATTON PA

Firm/Company

2960 WENTWORTH

Address

WESTON, FLORIDA 33332

City/State and Zip Code

dhatton@hattonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hatton

786 373-8899
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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

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>	<u>Address</u>	<u>Type of Action</u>
M GRM	LM HOLDING PARTNERS, LLC	550 SE 5th Avenue, Unit 905S	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KONDOIT, LLC	9197 Old Pine Road	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

15 JUL 31 AM 11:39
SECRETARY OF STATE
WASHINGTON, FLORIDA

E. Effective date, if other than the date of filing: July 1, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 15, 2015

Signature of a member or authorized representative of a member

Irene Marciano

Typed or printed name of signee