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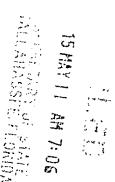
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co.	rporations		
K&A INV SUBJECT:	ESTMENT GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	KAMIL BILKA		
		Name of Person	
		Firm/Company	
	11901 4TH STREET N., S	SUITE 209	
		Address	
	ST. PETERSBURG, FL 3	3716	
		City/State and Zip Code	
	KamilBilka1008@gmail.co	om to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	·	
Kamil Bilka		813 449-0380 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section

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&A INVESTMENT GROUP 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 January 21, 2015 and assigned Florida document number _____15000012886 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.

Citv

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
CEO	ALLEN JACKSON	46 PRINCE STREET STE 206	
		NEW HAVEN, CT 36519 UN	□ Remove
			■ Change
AMBR	KAMIL BILKA	11901 4TH STREET N. #5209	
		ST. PETERSBURG, FL 33716	□ Remove
			■ Change
			☐ Remove
			□ Change
			Add
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Effective date, if othe	er than the date of fili	May 8, 2015		(optional)	
If an effective date is listed,	, the date must be specific a	and cannot be prior to da	te of filing or more than 90	days after filing.) Pursuant to ents, this date will not be	605.0207 listed as
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Dated May 8,		·		<u>्र</u>	
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	Signature of	a member or authorized	d representative of a member	ar .	-

Page 3 of 3

Filing Fee: \$25.00