L15000082373

<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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S. WARREN AUG 2 9 2017

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: KPS Ven	tures, LLC					
	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub ondence concerning this matter	-		IALL HASSE	2017 AUG 20 PM 2: 24	1
	Anna Lee			TELFTLORIE	<u>=0</u>	
	711110 200	Name of Person			N)	•
Law 4 Small Business, P.C.					24	
		Firm/Company				
317 Commercial St NE Ste A						
		Address				
	Albuquerque, NM 87102					
	5 '''	City/State and Zip Code				
	Filings@L4SB.com E-mail address: (to be used for future annual report notifi	cation)			
For further information o	concerning this matter, please co	all:				
Anna Lee		at (505) 715-5700				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		
MAII	INC ADDRESS:	STREET/COURIE	R ADDRESS:			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KPS Ventures, LLC					
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited I	Liability Company	were filed on May 08, 2015	and assigned		
lorida document number L15000082373		,			
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name o	of the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		405 S Dale Mabry #319			
Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33609			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		405 S Dale Mabry #319 Tampa, FL 33609			
. If amending the registered agent and	l/or registered o	flice address on our records enter	the name of the		
egistered agent and/or the new registered of			28		
Name of New Registered Agent: Registered		Agents, Inc.	2 E		
New Registered Office Address:	3030 N. Ro	ocky Point Dr., Ste. 150 A	<u> </u>		
	-	Enter Florida street address	5. -		
	Tampa	, Florida S	3360 / Zin Code		

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.

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	Kavon P Smith	405 S Dale Mabry Hwy #319	Add
		Tampa, FL 33609	☑ Remove
			Change
MGR	Louis Dinicola	405 S Dale Mabry #319	_ ☑ Add
		Tampa, FL 33609	☐ Remove
			Change
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ective date, if other than t effective date is listed, the date i	the date of filing	S:	o date of filing or m	(0	optional) after filing VPur	suant to 60
e: If the date inserted in this	s block does not n	neet the applical	ble statutory filin	g requirements.	this date will	not be lis
ument's effective date on the	: Department of S	tate's records.				
record specifies a delay			an effective t	ime, at 12:0)1 a.m. on 1	the earl
he 90th day after the r	ecora is mea.					
		2017				
August 18	_				: ÷.	: 17
_{ed} August 18		·	_		;—	
August 18					: <u> </u>	Ą
August 18	Signature of a	nember or author	rized representative	of a member	; - ;- ;.	AUG 2
August 18 Laurence S	_					AUG 28 PH

Page 3 of 3

Filing Fee: \$25.00