

| equestor's Name)   |  |
|--------------------|--|
| idress)            |  |
| ldress)            |  |
| ty/State/Zip/Phone | e #)   |
| ☐ WAIT             | MAIL   |
| usiness Entity Nar | me)  |
| ocument Number)    |  |
| Certificates       | s of Status  |
| Filing Officer:    |  |
|                    |  |
|                    |  |
|                    | ;  |
|                    | ddress)  ddress)  ty/State/Zip/Phone WAIT  usiness Entity Nar  ocument Number)  Certificates |

Office Use Only



800278160918

10/23/15--01011--011 \*\*25.00

FILED

SECRETARY OF STATE
AND ANASSEE, TLORDS

OCT 2 6 2015 S. YOUNG

## **COVER LETTER**

| TO: Registration :<br>Division of Co |  |   |   |                 | ,   |  |
|--------------------------------------|--|---|---|-----------------|-----|--|
| CUD IP CT                            | Ma   | hahong LLC  |   |                 |     |  |
| SUBJECT:                             | Name of Lim  | ited Liability Company  |   |                 |     |  |
|                                      | of Amendment and fee(s) are sub                              | _   |   |                 |     |  |
|                                      |  | Kelly J Francois  |   |                 |     |  |
| Name of Person                       |  |   |   |                 |     |  |
| KPA Take Out LLC                     |  |   |   |                 |     |  |
|                                      |  | Firm/Company  |   | _               |     |  |
|                                      |  | 7591 Cedar Hurst Court  |   |                 |     |  |
|                                      |  | Address   |   | <u> </u>        |     |  |
|                                      |  | Lake Worth, FLorida 334                                       | 167   |                 |     |  |
|                                      |  | City/State and Zip Code                                       |   |                 |     |  |
|                                      |  | cellyfrancois@hotmail.co                                      |   | では、             | 77  |  |
| For further information              | concerning this matter, please c                             | all:  |   | 123             | LED |  |
| Kelly.                               | J Francois   | 954<br>at ( )   | 336-1745  | 20 2            | Ö   |  |
| Name                                 | of Person  | Area Code   | Daytime Telephone Number                                |                 | ı   |  |
| 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 enc | Certific<br>closed) Certifie                            | ate of Status & |     |  |
| Regi:<br>Divis                       | LING ADDRESS: stration Section sion of Corporations Box 6327 | Registrat   | T/COURIER ADDRESS: ion Section of Corporations Building |                 |     |  |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1  | Mahahong LLC   |                            |
|--|--|----------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appears on our records.)<br>Limited Liability Company) |                            |
| The Articles of Organization for this Limited Liability Co   | ompany were filed on May 18, 2015  | and assigned               |
| Florida document numberL15000087723  | '  |                            |
| This amendment is submitted to amend the following:  |  |                            |
| A. If amending name, enter the new name of the limit   | ted liability company here:  |                            |
| KPA Take Out LL  |  |                            |
| The new name must be distinguishable and contain the words "Limit  | ited Liability Company," the designation "LLC" or the                      | abbreviation "L.L.C."      |
| Enter new principal offices address, if applicable:  | 7591 Cedar Hurst Cou   | rt                         |
| Principal office address MUST BE A STREET ADDR   | ESS) Lake Worth  |                            |
|  | Florida, 33467   |                            |
| Enter new mailing address, if applicable:  | 1551 NW 6th Street   | 15 (<br>15.0F              |
| (Mailing address MAY BE A POST OFFICE BOX)   | Forth Lauderdale   |                            |
|  | Florida 33311  | 温度は一個                      |
|  |  | THE PER CO                 |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | · · · · · · · · · · · · · · · · · · ·                                      | er the name of the<br>플러 유 |
| Name of New Registered Agent:  | Kelly J Francois   |                            |
| New Registered Office Address:   | 7591 Cedar Hurst Court   |                            |
|  | Enter Florida street address   |                            |
|  | Lake Worth , Florida   | 33467                      |
|  | City   | Zip 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>     | <u>Address</u>         | Type of Action |
|---------------------------------------|-----------------|------------------------|----------------|
| AMBR                                  | Phenie Francois | 7591 Cedar Hurst Court | <b>__</b> Add  |
|                                       |                 | Lake Worth             | □ Remove       |
|                                       |                 | Florida 33467          | Change         |
|                                       |                 |                        | Add            |
|                                       |                 |                        | ☐ Remove       |
|                                       |                 |                        | Change         |
| · · · · · · · · · · · · · · · · · · · |                 |                        |                |
|                                       |                 |                        | Remove         |
|                                       |                 |                        | Add M          |
|                                       |                 |                        | Change         |
|                                       |                 |                        | Add            |
|                                       |                 |                        | □ Remove       |
|                                       |                 |                        | ☐ Change       |
|                                       |                 |                        | □ Add          |
|                                       |                 |                        | ☐ Remove       |
|                                       |                 |                        | ☐ Change       |

| ). If amen                | ding any other                              | r information, (  | enter chang                 | ge(s) here:     | (Attach add      | itional sheei                         | s, if necesso                             | ıry.)          |               |
|---------------------------|---|---|-----------------------------|-----------------|------------------|---------------------------------------|---|----------------|---------------|
| ·                         |   |   |                             |                 |                  | <u> </u>                              |   | <u> </u>       |               |
| _                         |   |   | <u> </u>                    |                 |                  |                                       |   |                | <del></del> - |
| ····                      |   |   | <del> </del>                |                 | <del> </del>     |                                       |   | -              |               |
| _                         |   |   |                             |                 |                  |                                       |   |                |               |
|                           |   |   |                             |                 |                  |                                       |   |                |               |
|                           |   |   |                             |                 |                  |                                       |   |                |               |
|                           |   |   |                             |                 | •                |                                       |   |                | <del></del>   |
|                           |   |   |                             |                 |                  | · · · · · · · · · · · · · · · · · · · |   |                |               |
| _                         |   |   |                             |                 |                  |                                       |   |                |               |
|                           |   | <del></del>   |                             |                 |                  |                                       | <del></del>                               | <u> </u>       |               |
| _                         |   |   |                             |                 |                  |                                       | <u> </u>                                  |                |               |
|                           |   | · · · · · · · · · · · · · · · · · · ·   | <del></del>                 | ·               |                  |                                       | <del></del>                               |                | <del>.</del>  |
|                           |   |   |                             |                 |                  |                                       |   |                |               |
|                           |   |   |                             |                 |                  |                                       |   |                |               |
|                           |   |   |                             |                 |                  |                                       |   |                | <del></del>   |
|                           |   |   |                             |                 |                  |                                       |   |                |               |
| _                         |   |   |                             |                 | <u>-</u>         |                                       |   |                |               |
| _                         |   |   |                             |                 |                  |                                       |   |                | <del></del>   |
| (If an effective Note: If | ctive date is listed,<br>f the date inserte | r than the date<br>the date must be speed in this block do<br>te on the Departm | ecific and canroes not meet | the applicabl   | date of filing o | r more than 90<br>ling requiren       | (optiona<br>days after filinents, this da | te will not be | listed as the |
| f the reco<br>b) The 9    | ord specifies a<br>90th day afte            | a delayed effe<br>r the record is   | ctive date<br>s filed.      | , but not a     | an effective     | e time, at                            | 12:01 a.m                                 | STILL C        | arlier of:    |
| Dated _                   | October 18,                                 | 1   | , 20                        | 015             | .•               |                                       |   |                |               |
|                           |   | Signal  | ture of a ment              | per or authoriz | <u> </u>         | ive of a memb                         | er  |                | _             |
|                           |   | 1   | Kally I                     | Francois        |                  |                                       |   |                |               |
|                           |   |   |                             |                 | name of signee   | · · · · · · · · · · · · · · · · · · · |   |                | _             |

Page 3 of 3

Filing Fee: \$25.00