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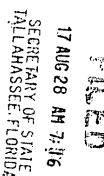
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AUG 2 9 2017 J SHIVERS

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	KKP CONSULT Name of Limi	ING LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Kevin</u>	K. PMM en Name of Person	
		Firm/Company	
	16634 A	HMBN 55ADON BRIDGE NO. Address	AD
	Derun BG	1CH, FL 33446	
	Kpalmerdon (c E-mail aldress (c	City State and Zip Code Yahoo, Com The used for future annual report notifi	cation)
For further information	concerning this matter, please ca		
KEVIN K.	Phun Cn of Person	at (<u>959</u>) <u>696 - 5</u> Area Code Daytime	S957 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TING LL				
(Name of the Limite	ed Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on 5/23	12016	and assi	gned
Florida document number <u>L 160009</u>		, ,			
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
у , <u> </u>					
The new name must be distinguishable and contain the we	ords "Limited Liab				
Enter new principal offices address, if applica	able:	16634 Ama	BASSADON T	BRIDGE RO	AD.
(Principal office address MUST BE A STREE	T ADDRESS)	DELRAY BO	ACH, FL	- 33446	
Enter new mailing address, if applicable:		AS A	ANG.		
(Mailing address MAY BE A POST OFFICE I	BOX)		VVIC	· · ·	
					
n te . P d	•	ca 11	•	TAL SE	C 41
B. If amending the registered agent and/or the new registered of			ecords, <u>ente</u>	P the Hamest	of the new
	. ~			SEN) areas
Name of New Registered Agent:	<u>KEVII</u>	J PALMON		33S 1	D'interacti
New Registered Office Address:	166 34	Ambassion Brioge		AH 7	
	_	Enter Florida stree	t address	R R R R R R R R R R R R R R R R R R R	Transit !
	Dury	BEACH	, Florida _	357776 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			Add .
			□ Remove
			□ Change
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be list	5.020 ted a
ment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effecti e 90th day after the record is filed.	ve time, at 12:01 a.m. on the earli	er d
o sour day area and record is rinea.		
d		
" 		
Signature of a member or authorized represent		

Page 3 of 3

Filing Fee: \$25.00