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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INSURE SAFE, INC/MARIA RODRIGUEZ

Account Number : I20160000047

: (305)267-4200

Phone Fax Number

: (305)267-4206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Help. ROBERTS

JUL 1 0 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KDDR, LLC.		
(<u>Name of the Limited Liability Cr</u> (A Florida Lim	ompany as it now appears on our records.) inted Liability Company)	·
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/01/2016	and assigned
Florida document number L16000106302		
This amendment is submitted to amend the following:		
4. If amending паше, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation-L.I.C."
Enter new principal offices address, if applicable:	•	برد) برد)
Principal office address MUST BE A STREET ADDRESS	5)	1,
ntor new mailing 21 25		بې
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ce address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New President d OCC 4 11		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address, Florida City	Zip Code

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>	Name	Address	Type of Action
MNGR	Milton E. Reinoso	1010 Seminole Drive - Apt 104	= Add
		Ft. Lauderdale, FL 33304	□Remove
			□ Change
	<u>·_</u>		□Add
		·	□Remove
	·		DAdd
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Ective date, if other than the neffective date is listed, the date make: If the date inserted in this current's effective date on the	order ades not meet in	C GUULLADIC NIMUUD	ng or more than 90 da ry filing requiremen	(optional) ys after filing.) Pursua its, this date will no	nt to 605:020 t be listed a
cord specifies a delayed effect s filed	ive date, but not an eff	ective time, at 12:0	l a.:n. on the earlier	of: (b) The 90th c	lay after the
ed	, 202	3			-
	Signature of a member				