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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: K&	O CAPITAL GROUND Name of Line	LIP LUC nited Liability Company	
The enclosed Articles of A	mendment and fec(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ORO	ATTIAS Name of Person	
		Firm/Company	
	1508	BAY ROAD APT 141	<u> </u>
	MIAMI	GEACH, FL 33139 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information con	cerning this matter, please c	all:	
JOHANNA (Name of F	EDDY Person	at (305) 4.50 - 6. Area Code Daytim	924 c Telephone Number
Enclosed is a check for the	following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fcc & 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

KED CAPITAL 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 06/15/2016 and assigned
Florida document number <u>L16000115430</u> .
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 navy mailing adduces if applicables
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 n
registered agent and/or the new registered office address here:
$\mathcal{A}_{\mathcal{S}}$
Name of New Registered Agent: Eran Rezer 55
COM AND OF STATE OF THE STATE O
New Registered Office Address: Enter Florida street address Enter Florida street address
Holly wand Florida 783083
City 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	DREW PROPERTIES LLC	1508 BAY ROAD APT 1417	D Add
		MIAMI BEACH, FL 33139	⊠ Remove
			☐ Change
MGR	DROR PROPERTIES LLC	1508 BAY ROAD APT 1417	🖾 Add
		MIAMI BEACH FL 33139	Remove
			Change
			🗖 Add
			□ Remove
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