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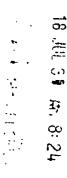
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EXAMINER

COVER LETTER

	egistration Secti vision of Corpo			·
CUDIECT	K & G Holdir	ngs LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclose	ed Articles of An	nendment and fee(s) are subt	nitted for filing.	
Please retur	n all correspond	ence concerning this matter t	to the following:	
		Genti Shyti		
			Name of Person	
			Firm/Company	
		2453 Roberta St		
			Address	
		Largo, FL 33771		
		gshyti@hotmail.com	City/State and Zip Code	
	•	E-mail address: (to	be used for future annual report notifica	ttion)
For further i	information cond	erning this matter, please ca	II:	
Genti Shyti	Name of P	Min	at () 200-2642 Area Code Daytime T	elephone Number
Enclosed is	a check for the	ollowing 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

 $\overline{\omega}$

K & G Holdings LLC			# (.)			
_	ed Liability Compa	my as it now appears on our records.)				
,	(A Florida Limited)	ny as it now appears on our records.) Liability Company)	<u>~</u>			
The Articles of Organization for this Limited Li Florida document number <u>L16000187759</u>	ability Company	were filed on 10/11/2016	and as si gned			
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."			
Enter new principal offices address, if applications	able:	2453 Roberta St				
(Principal office address MUST BE A STREE	T ADDRESS)	Largo, FL 33771				
Enter new mailing address, if applicable:		2453 Roberta St				
(Mailing address MAY BE A POST OFFICE)	ROX)	Largo, FL 33771				
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of	fice address on our records, g	enter the name of the new			
Name of New Registered Agent:						
New Registered Office Address:	2453 Roberta S					
·····		Enter Florida street address				
	Largo		da <u>33771</u>			
		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>	Address	Type of Action
MGR	Kela Mano	8249 Forest Cir	
		Seminole, FL 33776	■ Remove
			Change
MGR	Genti Shyti	2453 Roberta St	= Add
		Largo, FL 33771	□ Remove
			□ Change
		 	□ Add ∵
			□ Remove
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(If an effective d. Note: If the o	te, if other than the ate is listed, the date in date inserted in this lifective date on the	ust be specific a block does no	ind cannot be p timeet the ap	prior to date of t plicable statut	iling or more th	ian 90 days aft	i onal) er filing.) Pursu is date will no	ant to 605.020 ot be listed a
	pecifies a delaye			not an effe	ective time	, at 12:01	a.m. on th	e earlier d
	day after the re							
			<u>.</u>	·				
b) The 90th		M	·					

Page 3 of 3

Filing Fee: \$25.00