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COVER LETTER

TO: Registration Sec Division of Corp		;	
SUBJECT: KND		<u> </u>	
	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Diana	Atchortua Name of Person	-
	M CNX	otors LLC Firm/Company	
		1 DIXIC HWY	Un1+#9
	Hollyw	City/State and Zip Code So G gmail worth to be used for findre annual report notion	020
	<u>Dianaalzate</u> E-mail address: (86 @ gmail wor	n fication)
For further information ed	oncerning this matter, please ca		
Diana A	rtehortua	at (<u>561</u>) <u>9323</u> Area Code Daytim	3468
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)

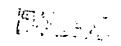
MAILING ADDRESS:

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



KND MOTORS L	LC 28 P 2 14
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.). d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L160002 18232</u>	y were filed on 6 20 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	HOLLWOOD FL. 33020
- Medput office address Moot Marin Transcomp	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 N DIXIE HWY Unit # 9 Hollywood FL 33020
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent:	ana Alehortua
New Registered Office Address: 50	ON DIXIE HWY Unit#1
Hol	Enter Florida street address 14000 . Florida 33020. 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
	Sergio Alzate	631 S Crescent DR.	□ Add
		631 S Crescent DR. Hollywood FL 33021	Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
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		· 	□ Add
			Remove
			□ Change

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated June 20 . 2019 .
Signature of a member or authorized representative of a member
Diana Atchortua Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00