## L17000054373

| (Re                     | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | #)        |
|                         | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
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## **COVER LETTER**

|                     | tion Section<br>of Corporations  |                  |      |
|---------------------|--|------------------|------|
|                     | D Investment Group, LLC  |                  |      |
| SUBJECT:            | Name of Limited Liability Company  |                  |      |
| The enclosed Arti   | cles of Amendment and fee(s) are submitted for filing.   |                  |      |
| Please return all c | orrespondence concerning this matter to the following:   |                  |      |
|                     | Kim Davis  |                  |      |
|                     | Name of Person   | -                |      |
|                     | KMD Investment Group, LLC  |                  |      |
|                     | Firm/Company   | _                |      |
|                     | 111-C Solana Road  |                  |      |
|                     | Address  | -                |      |
|                     | Ponte Vedra Beach, FL 32082  | 2017<br>TALL     |      |
|                     | City/State and Zip Code<br>kimm.davis@usa.net  | <u> </u>         |      |
|                     | E-mail address: (to be used for future annual report notification)   | H I 5            | 9    |
| For further inform  | ation concerning this matter, please call:   | EE. 5            | { 1} |
| Heather Reynolds    | 904 567-1186   | - <u>[27]</u>    |      |
|                     | Name of Person Area Code Daytime Telephone Number  | <del>- 5</del> 6 |      |
| Enclosed is a chec  | k for the following amount:  |                  |      |
| \$25.00 Filing      | Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy is enclosed) | ate of Status &  |      |

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

|   | City  | Zip Code                    |
|---|---|-----------------------------|
|   | , Flori   |                             |
| New Registered Office Address.  | Enter Florida street address                                    |                             |
| New Registered Office Address:  |   |                             |
| Name of New Registered Agent:   |   |                             |
|   |   |                             |
| registered agent and/or the new registered office address he            | ere:  | CINET THE HARRY SWITH THE W |
| B. If amending the registered agent and/or registered                   | office address on our records.                                  |                             |
|   |   |                             |
| (Mailing address MAY BE A POST OFFICE BOX)                              | rome veura Beach, r.L. 32082                                    |                             |
| Enter new mailing address, if applicable:                               | Ponte Vedra Beach, FL 32082                                     |                             |
|   | 111-C Solana Road,  | 2017<br>TALL                |
| (Principal office address MUST BE A STREET ADDRESS)                     | Tome Your Bount, 12 32002                                       | ····                        |
| Enter new principal offices address, if applicable:                     | Ponte Vedra Beach, FL 32082                                     |                             |
| F-4   | 111-C Solana Road,  |                             |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" o                        | r the abbreviation "L.L.C." |
| KMD Investment Group, LLC   | <del></del>   |                             |
| A. If amending name, enter the new name of the limited lia              | ability company here:   |                             |
| This amendment is submitted to amend the following:                     |   |                             |
| Florida document number L17000054373                                    |   |                             |
| The Articles of Organization for this Limited Liability Compar          | ny were filed on March 08, 2017                                 | and assigned                |
|   |   |                             |
| (Name of the Limited Liability Com<br>(A Florida Limite                 | pany as it now appears on our records.)<br>d Liability Company) | <del></del>                 |
| KMB Investment Group, LLC   |   |                             |

## 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 = A     | uthorized Member |             |                                       |
|--------------|------------------|-------------|---------------------------------------|
| <u>Title</u> | <u>Name</u>      | Address     | Type of Action                        |
|              |                  |             | Add                                   |
|              |                  |             | □ Remove                              |
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| ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of filing o     |                                 |                  |
| te: If the date inserted in this block does not meet the applicable statutory fi<br>tument's effective date on the Department of State's records. | ling requirements, this date wi | Il not be listed |
|   |                                 |                  |
| record specifies a delayed effective date, but not an effective   | e time, at 12:01 a.m. or        | the earlier      |
| he 90th day after the record is filed.  |                                 |                  |
| March 13 2017   |                                 |                  |
| red   |                                 |                  |
|   | ·                               |                  |

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Filing Fee: \$25.00