L17000152833

| (Re | questor's Name) | |
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| (Cil | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Se Division of Cor | | | |
|------------|------------------------------------|--|---|---|
| CHRIEC | | DING GROUP LLC | | |
| SUBJEC | T: | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | |
| | | SPENCER E. WINEPOL | | |
| | | | Name of Person | |
| | | DE VARONA LAW | | |
| | | | Firm/Company | |
| | | 350 CAMINO GARDENS | BLVD. SUITE 107 | |
| | | - | Address | |
| | | BOCA RATON, FL 33484 | 1 | |
| | | | City/State and Zip Code | |
| | | SEW@DEVARONALAW. | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For furthe | er information co | oncerning this matter, please ca | all: | |
| SPENCE | R E. WINEPOL | | 561 600-9070 at () | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| \$25.0 | 0 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

| K & N HOLDING GROUP LLC | | |
|---|--|--------------------------------------|
| (<u>Name of the Limited</u>) (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabi Florida document number $\frac{L17000152822}{L17000152822}$ | ility Company were filed on JULY 17, 2017 | and assigned |
| This amendment is submitted to amend the following | ing: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable | le: | |
| (Principal office address MUST BE A STREET) | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or | registered office address on our records, enter t | he name of the nev |
| registered agent and/or the new registered office | e address here: | |
| Name of New Registered Agent: New Registered Office Address: | | 7 |
| New Registered Office Address. | Enter Florida street address | - |
| - | Florida | |
| N. D. C. I.A. O. C | City | Zip Code |
| New Registered Agent's Signature, if changing Regi | | - Δ |
| provisions of all statutes relative to the proper accept the obligations of my position as register | gent and agree to act in this capacity. I further agre and complete performance of my duties, and I am fa red agent as provided for in Chapter 605, F.S. Or, ij istered office address, I hereby confirm that the limi ange. | miliar with and Tthis document is |

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> | <u>Address</u> | Type of Action |
|--------------|--------------------|-----------------------------|----------------|
| AP | SPENCER E. WINEPOL | 350 CAMINO GARDENS BLVD. | |
| | | Suite 107 | ■ Remove |
| | | BOCA RATON, FL 33432 | Change |
| MGR | KERRY JACKSON | 621 N.E. 37TH STREET, APT 1 | ⊟ Add |
| | | POMPANO BEACH, FL 33064 | □ Remove |
| | | | ☐ Change |
| | - | | Add |
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| | | | Remove 53 |
| | | | ☐ Change |

| Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable stat beament's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective day after the record is filed. | | | | |
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| Ganna. | 110 | ~/) | | 17 8 |
| Signature of a member or authorized rep | esentative of a in | nember | | - 2 : |
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Filing Fee: \$25.00