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# **COVER LETTER**

TQ:	Registration Section Division of Corporations	
SUBJE	CT: KPS Investment Group, LLC Name of Limited Liability Company	
The end	closed Articles of Amendment and fec(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Henn Stewart Name of Person	
	KPS Investment Grap, LLC Fim/Company	
	6823 SW 194th Ave	
	Sw Ranches FC 33332  City/State and Zip Code  KPS Investmentare Pagnail.com	
For furt	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:	CAN 30 Pa
Ke	Name of Person at (954) 709:0331  Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
\$25	(additional copy is enclosed) Certified	te of Status &

TQ:

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

KPS Investr	nent	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
(Name of the Limit	ted Liability Company (A Florida Limited Liab	as it now appears on oility Company)	<u>our records.</u> )		
The Articles of Organization for this Limited L		ere filed on $9.2^{-}$	1.2017	and as	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabilit	y company here:			
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the design	ation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)		<del></del>		<del></del>
	-				
Enter new mailing address, if applicable:	_				<del></del> _
(Mailing address MAY BE A POST OFFICE	BOX)		_		
	<u>-</u>		<u> </u>	2010	
B. If amending the registered agent and/		e address on oui	r records, ente	er the name	i j of the new
registered agent and/or the new registered of	ffice address here:			版《 0	ا جمع ستا
				77 EE	2 m. ž
Name of New Registered Agent:	_Keun_S	Hewart		ن ا	1, 1
New Registered Office Address:	6823 5	w 194th A	ve	্	
		Enter Florida s	treet address		
	<u>Sw</u> Rar	<del></del>	, Florida _	33332	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = , Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
resident	Kevin Stewart	6823 SW 1944 Ave SW 120non FL 33332	<b>□</b> Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Ti Add
			3
			Likemove
			□ Remove □ Change
			Add
			☐ Remove
			Change
			🗖 Add
			🗖 Remove
			Change

If amending any o	ther information, ento	er change(s) here:	: (Attach additional .	sheets, if necessa	iry.)
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(If an effective date is list. Note: If the date ins	ther than the date of f sted, the date must be specifi serted in this block does i e date on the Department	ic and cannot be prior to not meet the applica	o date of filing or more th ble statutory filing req	(optiona nan 90 days after filir uirements, this da	ig.) Pursuant to 605,0207 (
	es a delayed effectiv ofter the record is fil		an effective time,	, at 12:01 a.m	. on the earlier of:
Dated 1.28.2	2019	1 <u></u>	_·		
<del>-</del>	MSIe Signature	of a member or author	rized representative of a	member	
	Heyir	~ l = - 1	I name of signee		

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