L17000205560

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	KPCConsol LL Name of Limi	<u>c</u>	
	Name of Limi	ited 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:	
	Nalini	Singh Name of Person	
	Singh	Singh Name of Person Legal PLLC (Firm/Company)	
	<u>1919 N.</u>	State Rd. 7, #108)
		City/State and Zip Code	
	1 SINGh	@ Singhlegal plic. to be used for future annual report notific	fication)
For further information co	oncerning this matter, please ca	·	
Malini Si Name of	Person	at (<u>954)</u> <u>281 - 4</u> Area Code Daytim	to 48 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

KPCConsol LLC	, 		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000305560</u> .	were filed on $\frac{Oct. 4,3017}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9900 W. Sample Rd, Suite 300		
(Principal office address MUST BE A STREET ADDRESS)	9900 W. Sample Rd, Suite 300 Coral Springs, FL 33065		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9900 W. Sample Rd., Suite 300 Coxal Springs, FL 33065		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent: Name	ini Singh		
New Registered Office Address: 1919	1010 11 84.1. 17 17 11 100		
	ate ,Florida 33063 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>Name</u>	Address	Type of Action
Frank Ramotar	9900 w. Sample Rd. #300	CD Add
	Coral Springs, FL 33065	Remove
		Change
Krishna Persawd	6400 N. Andrews Ave	□ Add
	Ft. Lauderdale, FL 33309	D Remove
	· · · · · · · · · · · · · · · · · · ·	Change
		□ Add
		_ Remove
		_□ Change
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		_□ Change
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		_□ Add
		رب _□ R é move
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	Frank Ramotar	Frank Ramotar 9900 W. Sample Ra. #300 Coral Springs, FL 33005 Krishna Persaud 6400 N. Andrews Ave

Feetive date, if other than the date of filing:					·		
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Page 3 of 3

Filing Fee: \$25.00