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(Req	uestor's Name)
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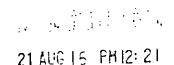
COVER LETTER

TO: Registration S Division of Co	Section orporations		
KB SPEC SUBJECT:	IALTIES LLC		
	Name of Lir	nited Liability Company	
The sector 2 A 1 1	•		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	ANTONIO REGOJO		
		Name of Person	<u> </u>
	REGOJO LAW, PA		
		Firm/Company	
	12550 BISCAYNE BLVE	STE 110	
		Address	
	MIAMI, FL 33181		
		City/State and Zip Code	
	aregojo@regojolaw.com		
D 6 4 4 6		to be used for future annual report noti	fication)
For turther information of	concerning this matter, please c	all:	
ANTONIO REGOJO		305 814-8299	
Name o	of Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		□ \$55.00 Filing Fee &	= 0.00 no mus
_ 055,00 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (udditional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
D.O. D (22		DIVISION OF COL	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



KB SPECIALTIES LLC				
(Name of the Limited L (A F	iability Compa Iorida Limited I.	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil	ity Company	were filed on 10/	17/2017	and assigned
Florida document number L17000214691				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabi	lity company he	re:	
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	: :			
Principal office address MUST BE A STREET A.	DDRESS)			
				····
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	വ			······
	4			
 If amending the registered agent and/or regist gent and/or the new registered office address he 	tered office at re:	ddress on our re	cords, <u>enter the na</u>	me of the new regist
	_			
Name of New Registered Agent:		<u></u>		
N. D. J. Lorg				
New Registered Office Address:			la street address	
New Registered Office Address:		Enter Florid	ta sireer tillimess	
New Registered Office Address:			, Florida _	Zip Code

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 21 AUG 16 PH 12: 21

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS P BALLAZINI	3802 W HIBISCUS ST	□Add
		WESTON, FL 33332	
			□Change
MGR	FRANCISCO J ESTRADA	3802 W HIBISCUS ST	
		WESTON, FL 33332	≣Remove
			□ Change
- <u> </u>			
			□Remove
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Note: If	e date, if other tive date is listed, if the date inserted it's effective date	he date must be sp I in this block do	ecitic and o	cannot be pr	licable sta	of tiling or r stutory filis	nore than 90 ng requirer	(optio days after (nents, this	Title in Street	ant to 605.0207 at be listed as
he record s ord is tiled	specifies a delaye L	d effective date	, but not s	ın effective	time, at :	12:01 a .m.	on the ear	lier of: (b)	The 90th	day after the
Dated M.	AY 12		,	2021	<u> </u>					
					84	d :				
				`	$\mathcal{K}(1)$	m				
		Signat	ure of a m	ember or au	thorized	resentative	of a memb	er		

Filing Fee: \$25.00