## 117000261502

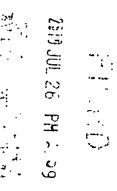
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## **COVER LETTER**

Division of	Corporations	
KPB G SUBJECT:	GROUP LLC	
	Name of Limited Liability Company	
The enclosed Articles	es of Amendment and fee(s) are submitted for filing.	
Please return all corre	respondence concerning this matter to the following:	
	JIN CHEN	
	Name of Person	
	JIN CHEN CPA PA	
	Firm/Company	
	9270 BAY PLAZA BLVD, STE 604	
	Address	
	TAMPA, FL 33619	
	City/State and Zip Code JINCHENCPAPA@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
GRACE GAO	813 999-1140	
Nan	me of Person Area Code Daytime Telephone Number	
Enclosed is a check fo	For the following amount:	
■ \$25.00 Filing Fee	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy

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

KPB GROUP LLC			
( <u>Name of the Limited Liability Company as it now appea</u> (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{12}{12}$ Florida document number $\frac{L17000261502}{L17000261502}$ .	//26/2017	_ and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	ere:		
The new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the abbre	viation "L.L	.c."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		23	
<del></del>		د <b>ت</b>	***
		) : : : : : : : : : : : : : : : : : : :	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· 
		_ in_	
	•	ភូន	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:  Name of New Registered Agent:	our records, <u>enter th</u>	e name o	the no
New Registered Office Address:  Enter Flor	Enter Florida street address		
	. Florida		
City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	CHUN YAN ZHU	20428 AUTUMN FERN AVE	
		TAMPA, FL 33647	
			■ Remove
			□ Change
MGR	QUNYING YANG	10567 CORY LAKE DR	<b>∃</b> Add
		TAMPA, FL 33647	
			□ Remove
			☐ Change
		<del></del>	□ Remove
			Change
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E. Effective date, if other than t	07/21/2019 he date of filing:	9	(optional)
(If an effective date is listed, the date r	nust be specific and cannot be prio block does not meet the applie	cable statutory filing requirem	days after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the
the record specifies a delay b) The 90th day after the re	ed effective date, but no ecord is filed.	ot an effective time, at 1	12:01 a.m. on the earlier of:
Dated	2019		
cortya	ng		
	Signature of a member or auth	norized representative of a member	er
QUNYING YANG			
	Typed or print	ted name of signee	

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Filing Fee: \$25.00