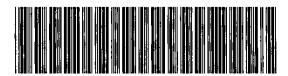
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(Re	equestor's Name)	
(Ad	dress)	
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(0)	- /Chata /7:- /Dh.a	40
(Cn	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

им 15 2011 J. HARRIS

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	KL Affinity	Commerce LLC		
3000001		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Kinney Wu		
			Name of Person	
			Firm/Company	
		8070 S Aragon Blvd Unit		
			Address	
		Sunrise, FL 33322		
			City/State and Zip Code	
		printhopperllc@gmail.com		
		E-mail address: (to be used for future annual report notific	ation)
For further in	nformation cor	ncerning this matter, please ca	all:	
Kinney Wu			954 770-3007 at ()	
	Name of 1	Person	Area Code Daytime	l'elephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

mpany as it now appears on our reco- ited Liability Company)	rds.)
oany were filed on 01/05/2018	and assigned
liability company here:	
Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
<u> </u>	
	<u> </u>
	Control — Castan
d office address on our recor here:	ds, enter the name of the
here: Enter Florida street addr	
<u> </u>	liability company here:

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>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
 			
			☐ Remove
		<u> </u>	☐ Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			Change
			— □ Add
			Remove SS Change
			Change Change
			□ Remove
			☐ Change

		
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	c and cannot be prior to date of filing or more than 90 not meet the applicable statutory filing requirer	
record specifies a delayed effecti he 90th day after the record is fi	ve date, but not an effective time, at led.	12:01 a.m. on the earlier of:
ed May 6th	2018	
		Acc. B
L	wh	
/	of a member or authorized representative of a mem	- , 2

Page 3 of 3

Filing Fee: \$25.00