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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp			•
eun 1		SOCIATES, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspoi	ndence concerning this matter	to the following:	
		PIPERATA. KATIE E		
			Name of Person	
		 	Firm/Company	
		4601 S. ESPERANZA AV	Æ	
			Address	
		tampa fl 33611		
			City/State and Zip Code	
		keglem@hotmail.com		
		E-mail address: (to be used for future annual report not	ification)
For fu	orther information co	ncerning this matter, please co	all:	
PIPE	RATA, KATIE E		727 415-4437	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclo:	sed is a check for the	e following amount:		
■ Si	25.00 Filing Fee	S30.00 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

KPV & ASSOCIATES, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L18000010353	Company were filed on 01/11/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
		TAU TAU) 1
Enter new mailing address, if applicable:		JAN 2	- 277A D
(Mailing address MAY BE A POST OFFICE BOX)		* SE	۲¦ کار
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		ORIE	TATE
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the	<u>ev</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	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

Title -	<u>Name</u>	Address	Type of Action
MMGR	PIPERATA, KATIE E	4601 S. ESPERANZA AVE	Add
		TAMPA FL 33611	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
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ffective date, if other than the an effective date is listed, the date m	e date of filing:	t ha prior to dute at ti	ling or more than 90 day	(optional)	a ao 605 070
Mote: If the date inserted in this ocument's effective date on the	block does not meet th	e applicable statute	ory filing requiremen	ts, this date will not	be listed as
e record specifies a delaye The 90th day after the re		but not an effe	ctive time, at 12	:01 a.m. on the	earlier o
l JANUARY	201	8			
1 /	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00