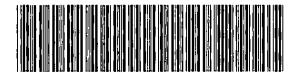
## L18000100366

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600335959476

16/25/19--01011--014 \*\*25.00

FILED
2019 OCT 28 PM 2: 30
SECRETARY OF STATE
TALLANIASSEE, FLORIES

Y SULL TR

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHIDI	KPL SERVI			
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	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:	
		JULIANA KARFITSAS		
			Name of Person	
		8631 LUDINGTON CIR	Firm/Company	
		ORLANDO FL 32836	Address	
		JULIANAMGAVIAO@HC	City/State and Zip Code FTMAIL.COM	<del></del>
		E-mail address: (	to be used for future annual report noti-	fication)
For fu	irther information co	oncerning this matter, please ca	all:	
дигд.	ANA KARFITSAS		321 4365110 at ()	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>⊞</b> \$3	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

KPU SERVICES LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Colorida document number 1.18000100366	Company were filed on 04/20/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
MASTER D.A LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	8631 LUDINGTON CIR	
Principal office address MUST BE A STREET ADDR	RESS) ORLANDO FL 32836	
	-	
inter new mailing address, if applicable:	8901 KINGSPOINTE PKWY SUIT 2	5_,
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32819	FE 29
		FA S TO
		28 SSE
<ol> <li>If amending the registered agent and/or regisegistered agent and/or the new registered office additional</li> </ol>		The name of the
egistered agent and/or the new registered office addi	ress nere:	
Name of New Registered Agent: SAME	;	5月 · 8
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KARINA MARIA BRAYNER DE AQUINO	8631 LUDINGTON CIR	
		ORLANDO FL 32836	Li Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  CHANGE ADDRESS M AND REMOVE ABMR	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	·
	<del>_</del>
	<del></del>
E. Descrition date is extremely a date of extreme	
E. Effective date, if other than the date of filing:	ant to 605.0207 (3)(b of be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	e earlier of:
Dated OCTOBER 23TH 2019	
Long	
Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00