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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
arra rez		BY INVESTMENTS LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ROY KETCHUM		
			Name of Person	1. 1/ 3444 (8-1-1-1)
		KD ENERGY INVESTMEN	IS LLC	
			Firm/Company	
		2709 NE 15 ST		
			Address	
		FORT LAUDERDALE, FLO	DRIDA 33304	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ecation)
For furth	er information ed	oncerning this matter, please ea	ill:	
ROY KE	TCHUM		954 655 6936	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■</b> \$25.0	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:

TO:

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**

## KD ENERGY INVESTMENTS LLC

(Name of the Limited Lighility Company as it now appears on our records )

(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000138415</u>	ny were filed on 06 / 04 /2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7 S.E. 3.E. 3.E. 3.E. 3.E. 3.E. 3.E. 3.E.
(Principal office address MUST BE A STREET ADDRESS)	
	25 C = -
	= m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>&gt;                                  </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, enter the name of the newere:
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple, accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
IfCh	nanging 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>	Address	Type of Action			
AMBR	JOHN KETCHUM	2709 NE 15 ST FORT LAUDERDALE , FL 33304	■ Add			
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Filing Fee: \$25.00