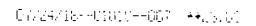
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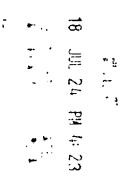
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JL C 8 766 S. PRATHEE

COVER LETTER

TO: Registration Division of C				
KBG PR	OPERTY INVESTMENTS LI	.c		
SUBJECT,	Name of Lir	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
	NIRVANDO BATISTA			
		Name of Person		
	JTAX CORP			
		Firm/Company		
	7777 GLADES RD STE	100		
		Address		
	BOCA RATON FL 3343	14		
		City/State and Zip C	nde	
	JUNIOR@JTAXCORP.C	OM		
	l:-mail address:	to be used for future and	nual report notifie	etion)
For further information	concerning this matter, please c	all:		
NIRVANDO BATISTA	\	781	941 0180	
Nume	of Person	at () Area Code	Daytime I	clephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy radditional copy is		□ \$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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VEC DEODERTY INDICATIONS OF THE	-) s= OO
KBG PROPERTY INVESTMENTS LLC		<u> </u>
(A Flor	billty Company as it now appears on our records.) rida Limited Liability Company)	₽ .
		2 2
The Articles of Organization for this Limited Liability	y Company were filed on JUNE 6TH 2018	and assigned
Florida document number L18000140287		湿
This amount was to a to always to a second s		• - F
This amendment is submitted to amend the following:	:	23
A. If amending name, enter the new name of the li	mited liability company here:	<i>,</i> ~
The new name must be distinguishable and contain the words "I.	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or reg	tistered office address on our records, enter	the name of the new
egistered agent and/or the new registered office ad	Idress here:	THE STATE ST
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street address	
	Florida	
_	City	Zip Code
iew Registered Agent's Signature, if changing Register	ed 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>	Address	Type of Action
MGR	HERCULES L RIBEIRO	3070 NW 48TH TER APT 402	□ ∧dd
		LAUDERDALE LAKES FL	□ Remove
		33313	Change
			□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
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Note: If the date inserted in this blockward in the Document's effective date on the D	effective date, but not an effective time	uirements, this date will not b	e listed as the
JULY 5TH	2018		
Kodian	Signature of a member or authorized representative of a r	member	18 JUL
KATIANA BALAREZO	GIAROLA ./	•	ر 24
	Typed or printed name of signee	·	- 골
			<u>~</u>
	Page 3 of 3		∵ ~

Filing Fee: \$25.00