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JUL 13 2019 S. YOUNG 19 JUL -1 AH 7:

COVER LETTER

	gistration Sec rision of Corp				
SUBJECT:		OUP HOLDINGS			
0.031,0,1.	T:Name of Limited Liability Company				
he enclose	d Articles of a	Amendment and fee(s) are sub	mutted for filing.		
lease returi	ı all correspo	ndence concerning this matter	to the following:		
		КАМАЙ КІНОНІА			
			Name of Person		
		KNL GROUP HOLDINGS	SLLC		
			Firm/Company		
		3901 W BROWARD BLV	TD #121884		
			Address		
		FT LAUDERDALE, FL 3.	3312		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report noti	ficution)	
or further i	nformation ec	oncerning this matter, please ca	all:		
CAMAU K	НОНА		754 307-6755		
	Name of	Person	at () Area Code Daytim	e Telephone Number	
nclosed is	a check for th	e following amount:			
\$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	

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

KNL GROUP HOLDINGS LLC

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

(A Florida Lunited L	ny as it now appears on our record liability (company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 07/13/2018	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		The first
Enter new mailing address, if applicable:		8) 0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records. :	. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605. F	I I am familiar with and

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 KIJIOHIA, ANN N MGR □ Add 3901 W Broward Blvd #121884 Fort Lauderdale, FL. 33312 ■ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add

□ Remove

_□ Change

· mam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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Note:	we date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	June 18 2019 Algorithm 2019 Rignature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00