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COVER LETTER

TO: Registration Section **Division of Corporations** KPACK DISTRIBUTION LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KELLY MOORE Name of Person KPACK DISTRIBUTION LLC Firm/Company 6278 N. FEDERAL HWY, #235 Address FORT LAUDERDALE, FL 33308 City/State and Zip Code KPACKDISTRIBUTIONLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KELLY MOORE Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

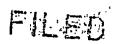
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KPACK DISTRIBU	TION LLC	2013 AFA -2	P @ 39
KPACK DISTRIBU (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our lability Company)	records. HALLAHASSEE	SE STATE
The Articles of Organization for this Limited Liability Company (were filed on 07/19/2018		and assigned
Florida document number 1.18000174066			i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbrev	iation "L.L.C"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
Enter new mailing address, if applicable:			
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		cords, <u>enter the</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street i	address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ADELAIDE MOORE	6278 N. FEDERAL HWY. #235	
		FT. LAUDERDALE, FL 33308	
			■ Remove
			Change
			Add
			Remove
			☐ Change
			D Add
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			□ Remove
			Change
	 		
			☐ Remove
			🗆 Change
			D Add
			□ Remove
			☐ Change

is it amending	; any other information, enter change(s) here: Amach additional sheets, if necessary.)
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-	
	
E ree at a de	07/19/2018
Note: If the o	te, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	April 1st 2019
	Signature of a member or authorized representative of a member
	KELLY MOORE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00