

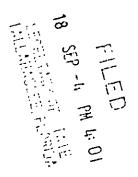
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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## **COVER LETTER**

TO:		istration Sec sion of Corp					
SUBJEC	err.	Koning Inve	estment Group LLC				
.9(/ <b>D</b> .) I2(	<b></b> .		Name of Lim	ited Liability Company		- VI	
The encl	losed	Articles of z	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn	all correspoi	ndence concerning this matter	to the following:			
			Julian A. Ponce				
				Name of Person			
			Koning Investment Group	LLC			
			-	Firm/Company		<del></del>	
			13951 SW 66th st Apt 507A				
				Address			
			Miami, FL 33183				
			<del></del>	City/State and Zip Code		<del></del>	
			koninginvestmentgroup@gr	mail.com to be used for future annual r			
Cara Carada	!	£			срои воинсацов)		
			oncerning this matter, please ca				
Julian A	. Por			*	7-2016  Daytime Telepho		
		Name of	Person	Area Code	Daytime Telepho	ne Number	
Enclosed	d is a	check for th	e following amount:				
<b>≅</b> \$25,0	00 Fi	iling Fee	□ \$30 00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		MAILI	ING ADDRESS:	STREET	/COURIER ADI	DRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Koning Investment Group LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
	Company were filed on 08/13/2018 and assigned
lorida document number L18000192492	<del></del> :
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the lim	nited liability company here:
he new name must be distinguishable and contain <b>the</b> words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "LLC"
Inter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)
	55. 5.
Enter new mailing address, if applicable:	<b>基本</b> 2
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or regis	istered office address on our records, enter the name of th
egistered agent and/or the new registered office add	dress here:
Name of New Registered Agent:	
N. D. Control (1977 - 1944)	
New Registered Office Address:	Enter Florida street address
	<b></b>
	Florida

## 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>	Address	Type of Action
AMBR	Julian A. Ponce	13951 SW 66th st Apt 507A	
		M	Add
		Miami, FL 33183	□ Remove
			Change
			□ Remove
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1.0.00		
	lock does not meet the applicable statute	(optional) ling or more than 90 days after filing ) Pursuant to 605-0207 ory filing requirements, this date will not be listed as t
ne record specifies a delayed The 90th day after the rec		ective time, at 12:01 a.m. on the earlier of
Dated	2018	
LDS.		
SH	Signature of a member or authorized repre-	sentative of a member

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Filing Fee: \$25.00