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RECEIVED MAY 2.8 2019

S. YOUNG

SECRETANT N STATE JALLAHASSEE, FLORIDA

FILED

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: KCP Properties LC. 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: |
| Kanessa Page Name of Person KCP Properties Firm/Company 12007 Delwood Terrace Dr. Address Humble, TX 77346 City/State and Zip Code KCPProperties@yahoo.com |
| D-mail address: (to b∉ used for future annual report notification) |
| Kanessa Page at (B13) 448 - 8459 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KCP Properties LC Name of the Limited Liability Compa | any as it now appears on our records.) Liability Company) | E 9: 5: | | |
|--|---|----------------|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000248845</u> . | v were filed on 10 23 18 an | nd assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation | on "L.L.C." | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 14605 Brogan Castle Wimauma, Fl 33598 | | | |
| The special services of the se | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 12007 Delwood Terrace Humble, Tx 77346 | <u>Dr</u> | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | office address on our records, <u>enter the na</u> re: | ime of the new | | |
| Name of New Registered Agent: | | · | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | | | | |
| · | , Florida | Code | | |

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

MGR = Manager AMBR = Authorized Member **Title Name** Address Type of Action Corey Page 14605 Brogan Castle Pl Wimauma, Fl 33598 ☐ Change □ Add □ Remove ☐ Change \square Add _□ Remove _□ Change _□ ∧dd ☐ Remove _□ Change □ Remove _□ Change □ Add □ Remove _ 🗆 Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

|). II amend | ding any other informatio | n, enter change(| s) here: (Attach a | additional sheets, | if necessary.) | |
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| ivore: it i | date, if other than the da ve date is listed, the date must be the date inserted in this block 's effective date on the Depar | does not meet the | applicable statutory | g or more than 90 day filing requirement | (optional) s after filing.) Pursuant t s, this date will not be | o 605,0207 (3 : listed as th |
| the recor) The 90 | d specifies a delayed ef Oth day after the record | fective date, be is filed. | ut not an effect | ive time, at 12: | 01 a.m. on the e | arlier of: |
| Dated _N | | Page | or authorized represen | tative of a member | | _ |
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Page 3 of 3

Filing Fee: \$25.00