L19000128277

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	<u> </u>
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000367232030

06/01/21--01024--004 **30.00

11/1

COVER LETTER

	ion Section of Corporatio	ns			
eunicet.	K C- P	Enterpois	es lic	• • •	
SORTECT:		Name of Lin	nited Liability Company		
The enclosed Artic	les of Amend	ment and fee(s) are sub	bmitted for filing.		
Please return all co	rrespondence	concerning this matter	r to the following:		
		Keegan f	Palmer Name of Person		
			Time of Famou		
		KGP Enter	rprises LCC Firm/Company		
			. ,		
	_7	945 West	Cypress Creck	Rd	
		Fort-Layde	City/State and Zip Code	309	
			Fe@gmail. Col		
		mail address:	(to be used for future annua	l report notification)	
For further informa	ation concerni	ng this matter, please of	call:		
Keegan	Palmer		at (<u>954</u>) Area Code	826-5273	
	Name of Person		Area Code	Daytime Telepho	ne Number
Enclosed is a check	k for the follo	wing amount:			
□ \$25.00 Filing		30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		S60.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

•ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KGP Enterprises LLC	•	 	
Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Liability Company			and assigned
Florida document number <u>L 19000128 277</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
KGP Global Enterprises LLC. The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or the ab	breviation "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 office acagent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		, Florida	·• •
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			-
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.	performance of my c rovided for in Chap	luties, and I am fi ter 605, F.S. Or.	umiliar with and if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Change

				.			
						· · ·	
					*		
					······		
			-			- 11 - 11 - 11 - 11 - 11	
							
							
		•					
							
			-		<u></u>		
	<u> </u>				*-		
					· · · · · · · · · · · · · · · · · · ·		
		·	-		<u> </u>	<u></u>	
						<u> </u>	
	e, if other than the d te is listed, the date must be the inserted in this bloc fective date on the Dep	k does not me	eet the applica				
ocument's ef	es a delayed effective o	date, but not a	in effective tir	me, at 12:01 a.m	. on the earlier	of: (b) The 9	Oth day after the
record specifies is filed.							
record specifies is filed.	es a delayed effective of May 72 Heegon Si						

Filing Fee: \$25.00