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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	VICES LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kalin l Kirov		
		Name of Person	
	K3&PSERVICES LLC		
		Firm/Company	<del></del>
	5647 Oceanic Rd.		
	<del> </del>	Address	·
	Holiday FL 34690		
		City/State and Zip Code	
	kkirov@k3pservices.com		
For further information of	in-mail address: (concerning this matter, please of	to be used for future annual report not all:	meanon)
Kalin Kirov		727 204-3236	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he 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 (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of Corporations		Division of Co	rporations
Registration	Section Corporations 27	Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K3&PSERVICES LLC		<del></del>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.190002195675	were filed on 09/17/2019	8/28/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	
Enter new principal offices address, if applicable:	K3&PSERVICES LLC	2020
(Principal office address MUST BE A STREET ADDRESS)	5647 Oceanic Road	A
	Holiday, FL. 34690	<u></u>
Enter new mailing address, if applicable:	K3&PSERVICES LLC	F (5)
(Mailing address MAY BE A POST OFFICE BOX)	5647 Oceanic Road	
	Holiday, Fl., 34690	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street ada	iress
	Cuy	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am familiar with and 15, F.S. Or, 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
· <del>************************************</del>			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	DAdđ
			□Remove
			□Change
			□∧dđ
			Remove
			□Change

\_\_\_\_\_ □Remove

## Page 2 of 3

Note:	fective date, if other than the date of filing:
ne re The	cord 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	01/27/2020
->u(C)	
	Signature of a member or authorized representative of a member