L19000231644

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SHRI	IFCT.	K.B. Softw	are Developments LLC				
.,,,,,,,			Name of Lim	ited Liability Company			
The e	nclosec	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleaso	e return	ail correspe	indence concerning this matter	to the following:			
			Nicholas Apathy				
				Name of Person	··		
		Nicholas T. Apathy, P.A.					
				Firm/Company			
		224 Palermo Avenue					
				Address			
			Coral Gables, FL 33134				
				City/State and Zip Code			
			Napathy@nalawpa.com				
			E-mail address: (to be used for future annual report	(notification)		
For it	irther ii	nformation c	onecrning this matter, please co	all:			
Nich	olas Ap	oathy		305 400-880)2		
		Name o	f Person	Area Code Da	sytime Telephone Number		
Englo	anzi ie c	i charde tise th	ne following amount:				
		filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS: Registration Section: Division of Corporations ' Clifton Building 1' 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.B. SOFTWARE DEVELOPMENTS LLC		
(Name of the Limited Liability Company as it now ar (A Florida Limited Liability Compa	opears on our records.) my)	
The Articles of Organization for this Limited Liability Company were filed or	n 9/13/2019 and assi	igned
Florida document number $\frac{L19000231644}{L19000231644}$.		
This amendment is submitted to amend the following:		
A. If amending name, emer the new name of the limited liability compan	<u>v here</u> :	
KB SOFTWARE DEVELOPER LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter now mailing addrace if applicable:	20	
	90	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	<u>ග</u>	•
B. If amending the registered agent and/or registered office address	s on our records, enter the name?	of the no
registered agent and/or the new registered office address here:		
	· ~ ~	
Name of New Registered Agent:	9	
New Registered Office Address:		
	r Florida street address	
If amending name, enjer the new pame of the limited liability company here: B SOFTWARE DEVELOPER LLC enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ster new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
. City	Zip 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			_D Add
			Remove
			☐ Change
			D Add
			☐ Change
			D Add
			Remove
			☐ Change

Effective date, if other than the date of filing: (optional)	
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- 1 James	arlier of:
- 1 / mul	
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Signature of a member or authorized representative of a member	_
Nicholas Apathy	

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Filing Fee: \$25.00