Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

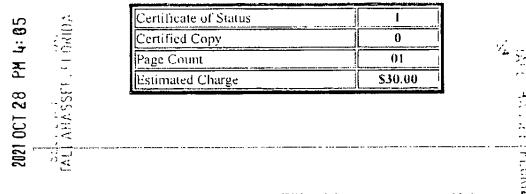
Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 Phone : (407)326-8484 Fax Number : (487)604-5519

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Contact@medeirossouza.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KECP GROUP LLC



Electronic Filing Menu — Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

| Division of Cor | porations | | | | |
|--|--|---|--|--|--|
| KFCP GRO | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing | | | |
| | | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | Rubem Souza | | | | |
| | | Name of Person | | | |
| | MEDEIROS SOUZA COR | RT. | | | |
| | | Firm/Company | | | |
| | 845 N GARLAND AVE, S | STE 100 | | | |
| | | Address | | | |
| | ORLANDO, FL 32801 | | | | |
| | | City/State and Zip Code | | | |
| | Contact(a)medeirossouza.co | | | | |
| | | to be used for future annual report n | ottrication) | | |
| For further information c | oncerning this matter, please c | all: | | | |
| Rubem Souza | | 407 326-8484 at () | | | |
| Name o | f Person | at () | ime Telephone Number | | |
| Enclosed is a check for the | ne 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) | | |
| <u>MailingAddres</u> Registration S | | StreetAddress: Registration S | | | |
| Division of Corporations | | Division of C | Division of Corporations | | |
| P.O. Box 632 | | The Centre o | f Tallahassee roe Street, Suite 810 | | |
| Tallahassee, l | rt. 32314 | 4410 IN. WIUII | toe offect, outle 610 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KECP GROUP LLC | |
|--|---------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on and assi | gned |
| Florida document number 1.19000267780 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I | C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | _ |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: | registered |
| Name of New Registered Agent: | |
| New Registered Office Address. | |
| Einer Florida street address Communication C | |
| Cuy -Zip Code ⊃ | Ē |
| Nan Designand Agentle Signature if abanaing Designand Agents | - |

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.

To: +18506175383 Page: 7 of 8 2021-10-28 20:16-54 GMT 14076046519 From: RUBEM SOUZA

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 |
|--------------|--------------------------|------------------------------|----------------|
| MGR | VINICIUS GENEROSO VIEIRA | 845 N GARLAND AVE, STE 100 C | |
| | | ORLANDO, FL 32801 | |
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| Harrison data il estrar than the class | e of filing: sectife and cannot be prior to date of filing of the applicable statutory for | r more than 90 days after fil | ing.) Pursuant to | 605,0207 listed as |
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| an effective date is listed, the date must be sported in this block d | | | Sec. | 21 |
| an effective date is listed, the date must be sp Note: If the date inserted in this block d locument's effective date on the Departi | ment of State's records. | n on the earlier of (b) | The With day | 250 the |
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