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PALLAHASSEE, FLORIDA

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COVER LETTER

10:	Division of Cor						
CUD IE	K&D Vent						
Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Jonathan Boom, Esq.					
			Name of Person				
		Bloom & Freeling					
			Firm/Company				
		2295 NW Corporate Blvd,	Suite 117				
			Address				
		Boca Raton, FL 33431					
			City/State and Zip Code				
		jbloom@bloom-freeling.com		· (****)			
			to be used for future annual report not	incation)			
For furth	er information o	concerning this matter, please ca	all:				
Jonathar	n Bloom, Esq.		561 864-0000 at ()				
	Name o	f Person		ne Telephone Number			
Enclosed	I 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 Address Registration		<u>Street Address:</u> Registration Se	ection			
	Division of C		Division of Co				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&D Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(A Florida Elimed Elability Compa	пу)	92 5
The Articles of Organization for this Limited I Florida document number L20000002007		December 19, 2019 and a	
Piorida document number	 ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:		 -
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
			
B. If amending the registered agent and/or agent and/or the new registered office addresses		ur records, <u>enter the name of the n</u>	ew registered
Name of New Registered Agent:	Drew Thompson	······································	·
New Registered Office Address:	400 E. Palmetto Park Road		
	Enter	Florida street address	
	Boca Raton	, Florida ³³⁴³²	_
	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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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e record spe	ecifies a delayed effe	ective date, but n	iot an effectiv	re time, at 12	2:01 a.m. on	the earlier of: (b) The 9	Oth day a		e
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	Jonathan Bloom, A							المونر		