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SECRETARY OF STATE

A. BUTLER FEB 2 2 2022

COVER LETTER TO: Registration Section **Division of Corporations** KR CAPITAL TRADING, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Karleen C. Rogers Name of Person Firm/Company 328 Woody Circle Address Melbourne Beach, FL 32951 City/State and Zip Code Karleenrogers07@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karleen C. Rogers 310 863-0871 Name of Person Daytime Telephone Number Enclosed is a check for the 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 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

VD CADETAL TRAINING THE

FILED

		TRADING, LLC	2117	2 EEB 14 AM 11: 04
(Name of the Lin	nited Liability Compa (A Florida Limited	any as it now appe	ars on our records.)	
The Articles of Organization for this Limited	(A Florida Limited	Liability Company)	SEC	RETARY OF STATE
The Articles of Organization for this Limited	Liability Company	were filed on _	anuary 10, 2020 16	and assigned
Florida document number L20000018256				_
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company l	iere:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		328 Woody Cir	rcle	
		Melbourne Beach, FL 32951		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	328 Woody Cir	cle	<u> </u>
		Melbourne Bea	ch, FL 32951	
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	registered office a ess here: 328 Woody Circ		records, <u>enter the</u>	name of the new registere
		Enter Flo	rida street address	
	Melbourne Bea		, Florid	
		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 amending Authorized Ferson(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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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record specifies a delayed effective is filed. February 7	,	2022	at 12:01 a.m. on th	-011 s	The 90th day after th