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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section Division of Corporations

TO:

KPD INV SUBJECT:	ESTMENT GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	,
	LOVEITE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	·	Firm/Company	
	17350 STATE HWY 249:	STE 220	
		Address	
	HOUSTON, TX 77064		
	<u> </u>	City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report no	dification)
For further information	concerning this matter, please c	all:	
LOVETTE DOBSON		855 829-9090 at ()	N3
Name	of Person	Area Code Daytii	ne Telephone Number 20 HAR 1
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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KPD INVESTMENT 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 $\frac{01/28/2020}{1}$ Florida document number $\frac{1.20000034798}{1.20000034798}$ 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 "LLC." 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROLAND KRUMBEIN	7501 EAST TREASURE DRIVE SUITE L-105	≣ Add
		NORTH BAY VILLAGE, FL 33141	□Remove
		 	□ Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
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ote: If the date inserted in this block	k does not meet the app	licable statutory filing	requirements, this d	ate will not be listed as
ocument's effective date on the Depa	artment of State's record	ds.		
record specifies a delayed effective d Lis filed.	iate, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
i is filed.				
	2020			
MARCH 4	. 2020	·		
MARCH 4	· 2020	·		
	2020 Quanture of a member or au	thorized representative of	of a member	