

3/3/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L200000719263**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000071926 3)))



H200000719263ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MITTENTHAL WEINSTEIN  
Account Number : I20130000041  
Phone : (561)862-0955  
Fax Number : (561)665-5028

2020 MAR -4 AM 10:13  
RECEIVED  
FLORIDA  
DIVISION OF CORPORATIONS

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

Email Address: WEINSTEIN@MW-ATTORNEYS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**KPL ATTRIBUTION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED  
2020 MAR -4 AM 10:46

RECEIVED  
FLORIDA  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

O SIMMONS

MAR 05 2020

Help

## COVER LETTER

TO: Registration Section<sup>↑</sup>  
Division of Corporations

SUBJECT: KPL ATTRIBUTION LLC

\_\_\_\_\_  
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:

Jeffrey C. Weinstein

\_\_\_\_\_  
Name of Person

Mittenthal Weinstein LLP

\_\_\_\_\_  
Firm/Company

3100 S Federal Highway Suite B

\_\_\_\_\_  
Address

Delray Beach, FL 33483

\_\_\_\_\_  
City/State and Zip Code

weinstein@mw-attorneys.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey C. Weinstein

561 862-0955 Ext 3  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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**

KPL ATTRIBUTION 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 February 11, 2020 and assigned  
Florida document number L20000048996.

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.L.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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eric Korchia	33 SE 4th Street, Suite 100	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 3332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 MAR 4 AM 10:33  
FILED

2020 MAY 4 11 31 AM  
SEAFORD  
DEPT. OF PLANT

2020 MAR -4 AM 10: 3

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 3, 2020

Typed or printed name of signee

**Filing Fee: \$25.00**