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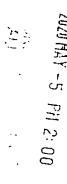
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COVER LETTER

TO:

	Registration Se Division of Cor				
our mo	KrediGenic	s LLC			
SUBJECT: Name of Limited Liability Company					
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Kenley St Gerard			
		· · · · · ·	Name of Person		
			Firm/Company		
		2151 Cumberland Pkwy S	E Apt 732		
			Address		
		Atlanta, GA 30339			
			City/State and Zip Code		
		kenstgerard@gmail.com			
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	otitication)	
Kenley S	St Gerard		305 5065339 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration S	ection		
Division of Corporations		-	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KrediGenics LLC

2020 MAY -5 PH 2: 00

(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 28, 2020 and assigned Florida document number L20000066075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KSG Enterprise Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2332 Galiano Street, 2nd Floor Enter new principal offices address, if applicable: Coral Gables, Florida 33134 (Principal office address MUST BE A STREET ADDRESS) 2332 Galiano Street, 2nd Floor Enter new mailing address, if applicable: Coral Gables, Florida 33134 (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

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.

_. Florida ___

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 = M $AMBR = A$	anager uthorized Member				
<u>Title</u>	<u>Name</u>	Address	2020 MAY -5	PH 2: 00	Type of Action
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ocument's effective date on the Dep	artment of State's records.	
f is filed.	date, but not an effective time, at 12:01 a.m. on the e	artier of: (b) The 90th day after the
Pated April 30	2020	
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- Valen	M	
/ / J %i	gnature of a member or authorized representative of a men	mber
Kenley St Gerard		
	Typed or printed name of signee	