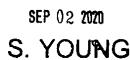
## 人入0000121755

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	itate/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



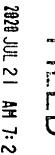


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RECEIVED
JUL 2 1 2020





## **COVER LETTER**

**Registration Section** 

TO:

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ation)
Selephone Number
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
on orations
lahassee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KMDPm	tuctions	11-0		
(Name of the Limite	ed Liability Company (A Florida Limited Lia	as it now appears on or bility Company)	ir records.)	
The Articles of Organization for this Limited Lia	ability Company w	ere filed on <u>5</u>	11-2670	and assigned
Florida document number	1000 m. L20	000012175	55	
This amendment is submitted to amend the follo	owing:			2
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE)	T ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
		*****		
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our record	s, <u>enter the nan</u>	ie of the new registered
Name of New Registered Agent:	<u> Karen</u>	M Discoll		<u>.</u>
New Registered Office Address:	2421	NE65th St	世615	
		Enter Florida stre	et address	2226
	tort Land	<u>ordale</u>	, Florida	33508 Zin Code
New Registered Agent's Signature, if changing R	tegistered Agent:	· · · · · ·		
I hereby accept the appointment as registered		•		

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>	Type of Action
AMBR	Karen M Discoll	2421 NE 65th St #615	D(Add
		2421 NE 65th St #615 Fort Lauderdale FL 33308	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
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			□Change
			🗆 Add
		□Remove	
			🗆 Change
			□Add
			□Remove
			□Change

). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<del></del>
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	7/15 July Fifteenth, 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee