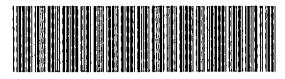
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Office Use Only



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O SIMMONS MAR 25 2021 **Division of Corporations**

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February 22, 2021

KEVIN OSTERBERGER 1875 NW CORPORATE BLVD STE 205 BOCA RATON, FL 33431

SUBJECT: KDO FINANCIAL ADVISORY GROUP LLC

Ref. Number: L20000328001

We have received your document for KDO FINANCIAL ADVISORY GROUP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is V11334.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00003919

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

	legistration Se Division of Cor			
	KDO FINA	NCIAL ADVISIOY GROUP, L	LC .	•
CHD IECT.			d Liability Company	<u></u>
The enclos	sed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please rete	ırn all correspo	ndence concerning this matter to	the following:	
		KEVIN D. OSTERBERGER	₹	
			Name of Person	
		KO MANAGEMENT, LLC		
	Firm/Company 1875 NW CORPORATE BLVD. SUITE 205			
			Address	
	BOCA RATON, FL 33431			
			City/State and Zip Code	
		KEVIN.OSTERBERGER@A	AMPF.COM be used for future annual report notif	Tourism
Car Author	r information o	oncerning this matter, please cal		ication)
KEVIN D. OSTERBERGER			561 467-4700 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	e following amount:		
\$ \$25.00	9 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)
	lailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section 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

KDO FINANCIAL ADVISORY GROUP, LLC

2021 MAR 12 PH 12: 21

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record ited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000328001</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and contain the words "Limited	Resource Mana	gement LLC
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	Jor the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	
	vnier v toriaa street aaare:	35
	, FI	lorida
	Ciţy	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 Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager 2021 MAR 12 PM 12: 21 AMBR = Authorized Member Type of Action Title Name Address _____ □Change □Remove _____ □Change _____ □Remove ______ □Remove _____ □Change ____ □Add

______ Change

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