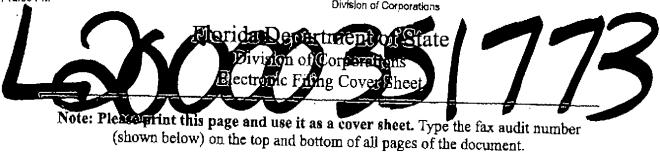
Division of Corporations



(((H23000401613 3)))



H230004016133ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : I20190000091

Phone : (785)212-0491

Fax Number

: (305)454-6657

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

Email	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KPA GROUP LLC

	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

NOV 27 2023

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KPA GROUP LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	
Florida document number L20000351773	and assigned
·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company horo-
The new name must be distinguishable and contain the words "Limited List	oility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	3383 NW 7 ST SUITE 304
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33125
Enter new mailing address, if applicable:	3383 NW 7 ST SUITE 304
Mailing address MAY BE A POST OFFICE BOX	MIAMI, FL 33125
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records onton the
gent and/or the new registered office address here:	enter the name of the new register
•	· .
Name of New Registered Agent:	
New Registered Office Address:	- C1
Man Con	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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Address	Type of Action
MGR	ANGEL S. CAMACHO PARRA	60 NW 42ND STREET	
		MIAMJ, FL 33127	
			DChange
	<del></del>		□Add
			□Remove
			🗆 Change
			□Add
			QRamove
			Change
	·		DAdd
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and caunot be prior  Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective tired is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated NOVEMBER 20 2023	
1/4/	·
Signature of a member or surhe	prized representative of a member

Filing Fee: \$25.00

Typed or printed name of signer