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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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SEGRETARY OF STATE

SEGRETARY OF STATE

A. BUTLER MAR 3 - 2022

## **COVER LETTER**

	egistration Sec ivision of Corp				
	CRITTERC	AMP LLC			
SUBJECT	:	Name of Limit	ed Liability Company		
The enclos	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please retu	rn all correspoi	ndence concerning this matter t	o the following:		
		KELLY WHEELOCK			-
			Name of Person		
		CRITTERCAMP LLC			
	Firm/Company			-	
	5655 62ND STREET NORTH			_	
			Address		
		SAINT PETERSBURG FL	. 33709		<b>-</b> -
			City/State and Zip Code		
		KPGCUSTOMDESIGNS@ E-mail address: (t	GMAIL.COM to be used for future annual re	eport notification)	
For furthe	r information c	oncerning this matter, please ca	all:		
GLEN AI	LLEN WHEEL	.OCK	727 400 at ( )	95585	
	Name o	f Person	Area Code	Daytime Telephone Numbo	er
Enclosed	is a check for the	he following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certific losed) Certific	ate of Status &
	Mailing Addres		Street Ad Rogistra	ddress:	
		Section Corporations	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

Taliahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

2022 FEB 22 AM 9: 37

CRITTERCAMP LLC

(Name of the Limited Liability Company as it now appears on OUT) Tooling (A Florida Limited Liability Company) TALLAHASGEE, FL

The Articles of Organization for this Limited Liability Company Florida document number L21000109016	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
KPG DESIGNS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "l	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5655 62ND STEET NORTH		
(Principal office address MUST BE A STREET ADDRESS)	SAINT PETERSBURG		
17 THE DATE SHOW THE STATE OF T	FL 33709		
Enter new mailing address, if applicable:	5655 62ND STEET NORT	Н	
(Mailing address MAY BE A POST OFFICE BOX)	FL 33709		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registere	
New Registered Office Address:	Enter Florida street add	dress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I	further agree to comply with th	

## 3

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ffective date, if other than t an effective date is listed, the date is ote: If the date inserted in this ocument's effective date on the	s block does not meet the ap	plicable statutory filing r	(optional) than 90 days after filing.) Pursual equirements, this date will no	nt to 605.0207 t be listed as
record specifies a delayed effect is filed.	ctive date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The 90th o	lay after the
18 JANUARY	2022			
	· /// /			
Glat	Shiele			
Mult	Signature of a member or a	authorized representative of	a member	

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Filing Fee: \$25.00