L21000132123

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer
	J. HORNE DEC - 9 2022
	UEC - 9 2022
	Office Use Only



2022 DEC -8 AHTI: 26

RECEIVED

ALUAHASSEE, FLOP

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/08/2022

WALK IN

ENTITY NAME ALBANY AESTHETICS AND SALON, LLC

DOCUMENT NUMBER L21000132123

PLEASE FILE THE ATTACHED AND RETURN

XXXXXX

Certified Copy Certificate of Status

Plain Copy

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certificate of Good Standing

APOSTILLE' / NOTARIAL CERTIFICATION

TOTAL OWED \$25.00

ACCOUNT #: 12016000072

S & AM

Please call Tina at the above number for any issues or concerns. Thank you so much!

. ARTICLES O	FAMENDMENT	٦ ח
ARTICLES OF	FORGANIZA	\mathcal{O}
	TO FORGANIZADIONC -8 AM	11:25
	TALLARASOLE -	
Albany Aesthetics and Salon LLC	· · · · · · · · · · · · · · · · · · ·	·
(<u>Name of the Limited Liability Co</u> (A Florida Linu	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L21000132123</u> .	any were filed on <u>March 22, 2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited i	liability company here:	
KD Holdings Group, LLC		
The new name must be distinguishable and contain the words "Limited L	.inbility Company." the designation "LLC" or the	re abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ïce address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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>	Name	Address	Type of Action
AMBR	Kiera DiCicco	2750 Kanner Highway	□ Add
		Stuart, Florida 34994	Remove
			Change
<u> </u>			🖸 Add
		······································	Remove
			[]Change
			🗆 Add
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		<u> </u>	Change
			🖸 Add
			Remove
			Chànge
		. <u></u>	🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	December 8 2022
	Signature of a member of a member
	John J. McGlynn III
	Typed or printed name of signee

Filing Fee: \$25.00