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## **COVER LETTER**

Division of Cor	porations				
KD LEGAC	CY MANAGEMENT LLC.				
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Duwayne Reece				
		Name of Person	<del></del>		
	KD Legacy Management (	Group IIc.			
		Firm/Company	<del></del>		
	2600 sw 85th Terr				
		Address	<del></del>		
	Miramar Florida 33025				
		City/State and Zip Code			
	kdlegacymg@gmail.com	to be used for future annual report notifica	(i)	20:	
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	oncerning this matter, please ca		* • **	<del>, 5</del>	اقت افت
Duwayne Reece		954 4836425 at ()	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
Name o	f Person	Area Code Daytime T	elephone Number	X	-
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Enclosed is a check for the	ne following amount:		. • •	a)	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &	
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TO:

**Registration Section** 

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KD LEGACY MANAGEMENT GROUP LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) June 01,2021 The Articles of Organization for this Limited Liability Company were filed on \_ and assigned L21000252071 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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

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	Duwayne Reece	2600 SW 85th Terr miramar FL 33025	
			□Remove
			<b>■</b> Change
AP	Kristyn Young	2600 SW 85th Terr miramar FL 33025	
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			□Remove
		<del></del>	☐Change
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