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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|                | gistration Sec<br>ision of Corp |                                                 |                                                                     |                                                                                |  |
|----------------|---------------------------------|-------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| eudicet.       | _                               | e Solutions LLC                                 |                                                                     |                                                                                |  |
| SUBJECT:       |                                 | Name of Limited Liability Company               |                                                                     |                                                                                |  |
| The enclosed   | d Articles of a                 | Amendment and fee(s) are sub                    | mitted for filing.                                                  |                                                                                |  |
| Please return  | ı all correspo                  | ndence concerning this matter                   | to the following:                                                   |                                                                                |  |
|                |                                 | Stephanie Goebel                                |                                                                     |                                                                                |  |
|                |                                 | <u>.                                    </u>    | Name of Person                                                      | <u></u>                                                                        |  |
|                |                                 | ZenBusiness Inc.                                |                                                                     | Tode    1                                                                      |  |
| Firm/Company   |                                 |                                                 |                                                                     |                                                                                |  |
|                |                                 | 5511 Parkcrest Drive, Ste.                      | 103                                                                 | me Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy |  |
|                |                                 | <del> </del>                                    | Address                                                             |                                                                                |  |
|                |                                 | Austin, TX 78731                                |                                                                     |                                                                                |  |
|                |                                 |                                                 | City/State and Zip Code                                             |                                                                                |  |
|                |                                 | fulfillment@zenbusiness.co                      |                                                                     |                                                                                |  |
|                |                                 | E-mail address: (                               | to be used for future annual report notifi                          | ication)                                                                       |  |
| For further in | nformation co                   | oncerning this matter, please ca                | ıll:                                                                |                                                                                |  |
| Stephanie G    | ioebel c/o Zer                  | nBusiness Inc.                                  |                                                                     |                                                                                |  |
|                | Name of                         | Person                                          | Area Code Daytime                                                   | Telephone Number                                                               |  |
| Enclosed is a  | a check for th                  | e following amount:                             |                                                                     |                                                                                |  |
| ■ \$25.00 F    | Filing Fee                      | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy                                         |  |

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**KP Strategic Solutions LLC** 

2022 MAY 31 PM 2:53

(Name of the Limited Liability Company as it now appears on our records.) SECING WAY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/07/2021}{1}$ and assigned Florida document number  $\underline{1.21000516821}$ 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 "L.L.C." 2211 Seroy St Charleston, SC 29412 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2211 Seroy St Charleston, SC 29412 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 \_. Florida \_\_\_ City

## 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 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

|        | ć,         |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                        | Type of Action  |
|--------------|---------------|---------------------------------------|-----------------|
| AMBR         | Paul Gaglione |                                       | 🗆 Add           |
|              |               |                                       | □ Remove        |
|              |               | 2211 Seroy St<br>Charleston, SC 29412 | <b>■</b> Change |
|              |               |                                       |                 |
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| Effective date, if other than (If an effective date is listed, the date | the date of fili<br>must be specific a | ng:<br>ind cannot be prior | to date of filing or | (op<br>more than 90 days af | <b>tional)</b><br>ter filing.) Pursuant to 60 | )5.0207        |
| Note: If the date inserted in the document's effective date on the      |                                        |                            |                      | ng requirements, th         | nis date will not be lis                      | sted as        |
| the record specifies a dela<br>) The 90th day after the                 |                                        |                            | t an effective       | time, at 12:01              | a.m. on the earl                              | ier of         |
| Dated May 18                                                            |                                        | 2022                       | ·                    |                             |                                               |                |
| /s/ Paul Gaglione                                                       |                                        |                            | -                    |                             |                                               |                |
| -                                                                       |                                        |                            | orized representativ |                             |                                               |                |

Page 3 of 3

Typed or printed name of signee