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Y. SCOTT APR 1 6 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor							
KT Capital	, LLC						
SUBJECT:	Name of Lim	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
	ondence concerning this matter	-					
	Michael S Tadros						
		Name of Person					
	KT Capital LLC		مي 17. س	207			
		Firm/Company	<u> </u>	22 Ki	1		
	11 Beach Dr SE Ste D			2022 KAR 3 I			
		Address	ν.ς Β.ν.		77		
	St Petersburg FL 33701		OF ST	PM 2:			
	7560	City/State and Zip Code	——————————————————————————————————————	2: 36			
	mtadros75@gmail.com E-mail address: (to be used for future annual report notifi	cation)				
For further information c	oncerning this matter, please c	·					
Michael Tadros		708 288-7443					
Name o	f Person		Telephone Number	_			
Enclosed is a check for the	ne following amount:						
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &			
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sect	ion				
Division of C	orporations	Division of Corp	orations				
P.O. Box 632 Tallahassee, 1		The Centre of Ta	llahassee Street, Suite 810				
i antanassee, l	ا ال غال ما	ZHIJIN, MOHIOC	Succe. Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KT Capital, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	on March 4, 2022 and assigned
Florida document number 1.22000112713	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
K&T Capital LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	S 2
Enter new mailing address, if applicable:	ONE WILL
Mailing address MAY BE A POST OFFICE BOX)	के ग
	97
	OG R M
B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new registere
agent and/or the new registered office address here:	36
	σ,
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	, Florida
City	Zin Code

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
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			□ Change

Effective date, if other than the date of filing:								 .		<u></u>
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Signature of a member or authorized representative of a member	ated Max									
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Filing Fee: \$25.00