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Special Instructions to	Filing Officer:	
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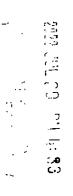
Office Use Only





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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	orations		
SUBJECT: KPD	EXPress ILC		
SUBJECT: KTD.	Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Ethan Dorse	Name of Person	2000
	KPD EXP	Firm/Company	
	913 Lucer	ne Ave	ු  න දින
	Pensacola,	F[. 32505 City/State and Zip Code	
	K Palex Dycss C E-mail address: (t	2006 @ 9 mil. CM to be used for filture annual report notific	cation)
For further information of Ethan Disey	oncerning this matter, please ca [Jr.	931 477 9	7807
Debring Johnson		at ( <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	204 Telephone Number
Enclosed is a check for th	e following amount:		
区 \$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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	
Division of C	orporations	Division of Corp The Centre of Ta	
P.O. Box 632	1	The centre of Te	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on		and assi	igned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designat	ion "LLC" or the abbr	eviation "L.1	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		,	<b>~</b> 3	
			- <del> </del>	1
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		•	70	; : }
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	<del></del>		 ·       දුනු	
3. If amending the registered agent and/or registered office and/or the new registered office address here:	e address on our records	s, enter the name		registe
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et address	<del>-</del>	
		, Florida		
<del></del>	City	, i ivi ida	Zip 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
MBR	Labrina Johnson	913 Lucerne Ave	□Add
		Pensacola, Fl. 32505	BRemove
			□Change
Ambr	Debrina Johnson	913 Lucerne Ave	DAAdd
		Pensacola, Fl. 32505	Remove
			□Change
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fective date, if other than the date of filing:	(optional) filing or more than 90 days after filing	.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	utory filing requirements, this date	will not be listed
Sement series date on the Department of State Sciences.		
record specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) Th	ne 90th day after t
is filed.		
ated June 17th		
by the Rose		

Filing Fee: \$25.00