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3/6/23 VW SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: KPI	Equity Roar Name of Lim	tners LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	- Vladi	Plut y am Name of Person	
	<u>-</u> -	Firm/Company	
	19370 Coll	ins Auc #905	
	· 	Address	
	Sunny Isle	S Beach FC City/State and Zip Code	33/60
	VladiekPI E-mail address: (- Cap. 4 al com to be dised for future annual report notif	fication)
For further information c	oncerning this matter, please ca		
Vladi Klu Name o	rman	at (305) 904 Area Code Daytime	-3828
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$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 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

RPI Equity Po	a tnews	LLC			
(<u>Name of the Limited L</u> (A F	iability Company as lorida Limited Liabil	it now appears on o	our records.)		
The Articles of Organization for this Limited Liabil Florida document number $L22000290$	ity Company were	e filed on $\frac{6/2}{2}$	27/2022	and as	signed
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the					
KPI Capital Partner	rs LLC				
KPI Capital Partner The new name must be distinguishable and contain the words	"Limited Liability C	ompany," the designa	ation "LLC" or the abb	reviation "I	J.L.C."
Enter new principal offices address, if applicable	: _		. •	312 112	3
(Principal office address MUST BE A STREET A.	DDRESS)	· 		ACR. A	2 7
					, , , , ,
	_			AS AS	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u>v</u>				<u>. </u>
	_			iti O	1
	_				
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office addr	ess on our record	ds, <u>enter the name</u>	of the ne	w registerec
agent and/or the new registered office address ne	<u>:1 C</u> .				
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida sti	reet address		
			, Florida		
_		City		Zip Code	
New Degistered Agent's Signature if changing Degis	stand Asamta				

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

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Offectiv	re date, if other than the date of filing: (optional)
if an effec <u>Note:</u> Ii	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and its effective date on the Department of State's records.
e 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 d.
	12/15/2022
Dated	
Dated _	Ulas C
Dated _	Signature of a member or authorized representative of a member Was Slaw Kurman Typed or printed name of signee