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	(Reque	stor's Name)	
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_	(City/St	ate/Zip/Phor	ne #)	
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Special Instructions	s to Film	g Officer:		

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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT: KDP GRO	UP, 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:	
	KEVIN MARINO CABRI	IRA	
		Name of Person	
	KDP GROUP, LLC		
		Firm Company	
	829 LORCA ST		
		Address	
	CORAL GABLES, FL 331	134	
	·	City/State and Zip Code	
	KMC@KEVINMARINOC.	ABRERA.COM to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ea	·	
KEVIN MARINO CAB	RERA	786 329-9080	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he 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 5	<u>w:</u> Section	Street Address: Registration Sect	ion

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

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

KDP GROUP, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Company	v were filed on 09/12/2022	and assigned
forida document number 1.22000396154		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	oility company here:	
KMC GROUP, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		i
		Sur 18
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	Se P
runing daniess MAT DE ATOM OFFICE BON		<u> </u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
gent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:	P . P	
	Enter Florida street address	
	, Flor	
	City	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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	07/04/2024
. Effec (If an e	tive date, if other than the date of filing: (optional) ffective 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 605,0207 (3)
.Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
	JULY 4 202y
Dated	·································
Dated	
Dated	Signature of a member or authorized representative of a member