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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

DAVISION OF COL	porations				
	S #1 PRODUCTION 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:			
	WILSON SURIN				
Name of Person					
	KONPA US #1 PRODUC	TION LLC			
		Firm/Company		-	
	14460 BRIDGEWATER (CROSSING BLVD.			
		Address		-i* :	
	WINDERMERE, FL 3478	36			
		City/State and Zip Code		- :	
	TURBO1462@YAHOO.C			1	,
		to be used for future annual report no	otification)		ŗì.
For further information of	oncerning this matter, please c	aii:			
WILSON SURIN		689 276-2065 at ()			
Name o	f Person	Area Code Dayri	ime Telephone Number	Γ	
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)	Certified	ite of Status &	
Mailing Address Registration	Section	Street Address: Registration S			
Division of Corporations		Division of Co	orporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KONPA US #1 PRODUCTION LLC

any as it now appears on ou Liability Company)	r records.)	
were filed on $\frac{02/15/202}{}$	23	and assigned
oility company here:		
ility Company," the designati	on "LLC" or the abbrev	viation "L.L.C."
	<u></u>	· -
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		<u> </u>
		· (0)
address on our records	s, <u>enter the name o</u>	f the new regis
		<u> </u>
Enter Florida stre	et address	
Cin	Florida	Zip Code
, i	were filed on 02/15/202 ility company here: lity Company," the designati	address on our records, enter the name o

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	<u>Address</u>	Type of Action
Manager	WILSON SURIN	14460 BRIDGEWATER XING BLVD	= Add
		WINDERMERE, FL 34786	□Remove
			☐ Change
			
			Remove
			Change
			- [83] □ Add
			☐ ERemove
			☐ Change
	·		□ Add
			□Remove
			Change
			□Remove
			□ Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I am the Registered Agent on file for this company. I made a mistake by not adding my name as owner. I needto add my name as an authorized person. E. Effective date, if other than the date of filing: March 15, 2023 ____ (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated __ Signature of a member or authorized representative of a member WILSON SURIN

Typed or printed name of signee