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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO

Account Number : I20220000131

Phone

: (305)610-2704 : (305)647-6040

Fax Number

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **K&A INVEST GROUP LLC**

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From: MADINA bahretdir

COVER LETTER

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	Registration Se Division of Cor			
elin iec		EST GROUP LLC		
SUBJEC	l;	Name of Lim	ited Liability Company	
The enclo	sed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	endence concerning this matter	to the following:	
		KRISTINA GOLUB		
			Name of Person	• 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
		K&A INVEST GROUP L	LC	
			Firm/Company	
		21130 NE 25TH CT		
		·	Address	-
		MIAMI Fl. 33180		
			City/State and Zip Code	
		info@miaccounting.us		
		E-mail address: (to be used for future annual report no	lification)
For furthe	r information c	oncerning this matter, please c	all:	
KRISTIN	A GOLUB		305 6102704	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
≣ \$25.0	0 Filing F ee	☐ \$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 S	ection
Division of Corporations			Division of Co	prporations
	P.O. Box 632		The Centre of	
	Γallahassee, Ι	rl 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

(((H23000252183 3)))

THE PROPERTY OF THE PARTY OF TH

K&A INVEST GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited L	iability Company were filed on 07/1	7/2023	and assigned
orida document number L23000337538			
is amendment is submitted to amend the following	owing:		
If amending name, enter the new name o	f the limited liability company her	<u>e</u> :	
e new name must be distinguishable and contain the v	vords "Limited Liability Compuny," the des	ignation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
		·	
nter new mailing address, if applicable:			
Nailing address MAY BE A POST OFFICE	<u>BOX</u>)		
	,		74.
If amending the registered agent and/or r		ords, enter the r	ame of the new register
ent and/or the new registered office addre	ss nere:		
	ARKADIY PODDUBNYY		
Name of New Registered Agent:			
	21130 NE 25TH CT	a street address	
Name of New Registered Agent:	21130 NE 25TH CT Enter Floria	ia street address	22180
Name of New Registered Agent:	21130 NE 25TH CT	ia street address , Florida	33180 Zip Code

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.

Changing Registered Agent, Signature of Sew 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: (((1123000252183 3)))

MGR = Manager AMBR = Authorized Member

AMBR KRISTINA GOL	UB	1825 S OCEAN DR APT 305 HALLANDALE BEACH FL 33009	□ Add
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record Lis file	d specifies a delaye led.	d effective date, b	ut not an effec	tive time, at 12:0	I a.m. on the ea	rlier of: (b)	The 90th day	after the
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	,	Chur	my				•	
		Signatur	e of a member o	r authorized repres	sentative of a mem	her		_
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