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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor				
K&K Grou	p LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Dmitry Kerdivara			
		Name of Person		
		Firm/Company	<u></u>	
	22303 Woodmen Hall Dr			
		Address		2024 P886
	Land O'Lakes, FL 34637			CHE
	kkpdx1@gmail.com	City/State and Zip Code		SECRETARY OF STATE SECRETARY OF STATE
		to be used for future annual report r	notification)	A 2
For further information c	oncerning this matter, please ca	all:		FE 2
Dmitry Kerdivara		971 373 0028 at ()		m m
Name o	f Person		time 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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres		Street Address:	•'	
Registration S Division of C		Registration S Division of C		
P.O. Box 632		The Centre o		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&K Group LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 07/07/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LI.C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office		2024 NOV 26 PH SEGRETATY O TALLAHASS
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alla Kerdivara	22303 Woodmen Hall Dr	■Add
		Land O'Lakes, FL 34637	□Remove
	 		□ Add
			SRemove NOV 26 PM 2: UE
			PH 2: UF PSS: FL PSS: FL
			Remove
			□Change
			□ Add
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			Change
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			Remove
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		<u> </u>			SECTION 26
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					ASSEE, FL
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ffective date, if other an effective date is listed, to tote: If the date inserted ocument's effective date	in this block does	not meet the appli	cable statutory fili	option (option of the control of the	onal) filing.) Pursuant to 605.0207 (date will not be listed as the
record specifies a delayed is filed.	ed effective date, but	t not an effective	time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
November 11	(Wh.	2024	 .		
	$ \sqrt{2}$ $\sqrt{2}$ \sqrt				
	Stature	of a member or aut	horized representativ	e of a member	