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## **COVER LETTER**

	Registration Se Division of Cor			
eup le c	KDC Desig			
SUBJEC	Г:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	am all correspo	ondence concerning this matter	to the following	
		Kimberly Campbell		
			Name of Person	
		KDC Designs LLC		
			Firm/Company	<del></del>
		349 Morning View Drive		
			Address	
		Winter Garden / FL / 3478	7	
			City/State and Zip Code	
		kefamu@gmail.com		
For furthe	r information c	r:-mail address; () oncerning this matter, please ca	to be used for future annual report not all:	Heation)
	Campbell	2 1	407 234-9934	
	Name o	f Person	at () Area Code ——Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.0	() 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KDC Designs LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{11}{2}$	02/2023 and assigned
lorida document number 1.23000499044	
his amendment is submitted to amend the following.	
a. If amending name, enter the new name of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the words "Limited Liability Company." the de-	esignation "LLC" or the abbreviation "LLC"
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	: 2
	₹ 2
	TIT
inter new mailing address, if applicable:	•
	<u> </u>
	<u> </u>
	)
Muiling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:  Name of New Registered Agent:	<u> </u>
A THE STATE MEGISTER AND A STATE OF THE STAT	
New Registered Office Address:  Enter Flor	ida street address
	Elovida
Car	Florida

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>	Address	Type of Action
MGR	Kimberly Campbell	349 Morning View Drive Winter Garden, FL 34787	<b>≣</b> Add
			□Remove
			□Change
			🗆 Add
		***************************************	□Remove
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(optional) ore than 90 days after filing.) Pursuant to 605,0207
ore than 90 days after filing.) Pursuant to 605.0207 a requirements, this date will not be listed as
requirements, this date will have the listed as
on the earlier of; (b) The 90th day after the
of a member

Filing Fee: \$25.00