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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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COVER LETTER

Division of Corpo	rations						
um pi i i							
SUBJECT: KFB.Digital.	Name of Limit	ed Liability Company					
	Name of Link	ed Elability Company					
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.					
Please return all correspond	ence concerning this matter to	the following:					
		,g					
	41 - 20 - 1 - 5						
	Klaus F Broscheit	Name of Person					
		Name of Person					
	KFB.Digital, LLC						
		Firm/Company	•				
	3670 Inverrary Dr Apt 3B	4.1.1					
		Address					
	Lauderhill, FL 33319						
		City/State and Zip Code					
Office@KFB.digital							
	E-mail address: (to be used for future annual report notification)						
For further information con	cerning this matter, please cal	1:					
	· ·						
Klaus F Broscheit		at (508) 560-9	9121				
Name of P	erson	Area Code	Daytime Telephor	ne Number			
Enclosed is a check for the	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 Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

. . .

Registration Section

TO:

Street Address:

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

KFB.Digital, LLC				
(Name of the Limited L (A F	iability Company as it now appears on our records. lorida Limited Liability Company))		
The Articles of Organization for this Limited Liabil	ity Company were filed on 01/03/2024	and assigned		
Florida document number L24000007944	 :			
This amendment is submitted to amend the following	ng:	\$2024 J 350 7010		
A. If amending name, enter the new name of the	limited liability company here:	2024 JUN 28		
The new name must be distinguishable and contain the words	"Limited Liability Company." the designation "LLC"			
Enter new principal offices address, if applicable	::	8 · · · · · · · · · · · · · · · · · · ·		
Principal office address MUST BE A STREET A	DDRESS)	T-		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or regis		he name of the new registered		
igent and/or the new registered office address he				
Name of New Registered Agent:				
New Registered Office Address:		<u> </u>		
	Enter Florida street address			
	, Florida			
	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>	<u>Name</u>	Address	Type of Action
AMBR	Klaus F Broscheit	3670 Inverrary Dr. Apt 3B Lauderhill, FL 33319	\overline Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove

Typed or printed name of signee