L24000382220

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TAIL ANASSEE, FL

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: KP Global Relocation, LLC. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Katherine David |
| Firm/Company |
| |
| 19633 Star Island UR. |
| BOCA Raton, FL 33498 City/State and Zip Code |
| KSanche-205076 vahoo-am E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Katherine Davida at 561 900 - 8003 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|--|
| The Articles of Organization for this Limited Liability Company were filed on 08-30-2024 and assigned Florida document number L24000382220 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: KPG Global, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: |
| (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 address on our records, enter the name of the new registered agent and/or the new registered address here: |
| Name of New Registered Agent: |
| New Registered Office Address: Enter Florida street address |
| |
| 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

| <i>!</i> | • | |
|----------|---|--|
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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| effective date i e: If the date | f other than the s listed, the date mu inserted in this b tive date on the E | st be specific and ollock does not me | cannot be prior to da cet the applicable | ate of filing or me statutory filing | ore than 90 days g requirements | after filing.) Pursu | ant to 605.0207 ot be listed as |
| s filed. | a delayed effective | | | | on the earlier o | of: (b) The 90th | day after the |
| ed <u>5e</u> | ptembe | r 13 th . | 2024 | 0 | 1 | | |
| | | Signature of a m | dember or authorize | od representative | of a member | | |
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