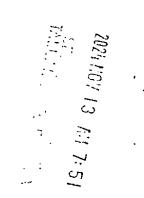


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Office Use Only





COVER LETTER

	tration Sec on of Corp			•
	P Investing			
BJECT: _		Name of Limited Liability Company		
ie enclosed A	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
ease return al	ll correspon	dence concerning this matter	to the following:	
		Leah Midcap		
			Name of Person	
		KP Investing LLC		
			Firm/Company	
		8932 Briarwood Mcaadow	Lane	
		Address		
		Boynton Beach/FL 33473		
			City/State and Zip Code	
		leah.midcap@tippitoesdance E-mail address: ()	e.com to be used for future annual report no	tification)
For further info	ormation co	neerning this matter, please co		·
Leah Midcap			561 855-1347	
	Name of	Person	at () Area Code Daytii	me Telephone Number
Enclosed is a c	check for the	e following amount:		
■ \$25.00 Fil	ing 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)
	ng Address stration S		Street Address: Registration S	ection
_		orporations	Division of Co	orporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

KP Investing LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.) lity Company)
Articles of Organization for this Limited Liability Company wer	re filed on October 22, 2024 and assigned
rida document number <u>L24000449627</u> .	
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability	company here:
new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	
incipal office address MUST BE A STREET ADDRESS)	
_	
er new mailing address, if applicable:	2021 TAL
tiling address MAY BE A POST OFFICE BOX)	5
_	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered office add	ress on our records, enter the name of the new register
nt and/or the new registered office address here:	7:51
Name of New Registered Agent:	
Table of the Wilderto Highle.	
New Registered Office Address:	
	Enter Florida street address , Florida

<u>e s</u>

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

TR = Manager
IBR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
GR ——	Leah Midcap	8932 Briarwood Meadow Lane	≣ Add
		Boynton Beach FL 33474	□Remove
			☐ Change
			□ Λ dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
		□Remove	

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