M1900000 1218

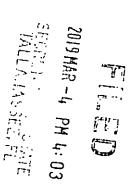
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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U3/U4/19--U1048--U16 **25.88



R. WHITE MAR 1 2 2019

COVER LETTER

TO: Registration Section Division of Corporations	,		
SUBJECT: KHD HOLDINGS,	LLC		
	eign Limited Liabil	lity Compa	any
Dear Sir or Madam:			
The enclosed application, certificate and fee((s) are submitted fo	or filing.	
Please return all correspondence concerning	this matter to the f	ollowing:	
Jeffrey Hall			
Name of Person			
Green & Piotrkowski, PLL	C		
Firm/Company			
317 71st Street			
Address			
Miami Beach, FL 33141			
City/State and Zip Co	ode		
jeff@gkppa.com			
E-mail address: (to be used for future annu	ual report notificati	on)	
For further information concerning this matte	er, please call:		
Jeffrey Hall	at (305	8654	314
Name of Person	Area Code	& Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Divisio P.O. Bo	NG ADDRESS: nation Section in of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amou \$25 Filing Fee \$\times \text{Certificate of State}\$	S55 Filin	-	Self-status & Certificate of Status & Certified Copy

TO:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

State: KHD HOLDINGS, LLC	·		
Enter new principal office address, if applicable:	1840 NW 21ST STREET		
(Principal office address	POMPANO BEACH, FL 33		
<u>MUST BE A STREET ADDRESS)</u>			
Enter new mailing address, if applicable:	1840 NW 21ST STREET	> - F €	
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL 33	3069 F F 6	
2. The Florida document number of this limited lia	ability company is: M190000121	8	
3. Jurisdiction of its organization: DE			
4. Date authorized to do business in Florida: 02	/12/2019	-	
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company: (mus	st contain "Limited Liability Company,"	"L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	inaging members adopting the alternate na	in Florida and attach a ame. The alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office a		ne name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street .		
	City . F 101	rida <u>Zip Code</u>	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capacity. I furi and complete performance of my duties, tered agent as provided for in Chapter 60 in the registered office address, I hereby	and I am familiar with 35, F.S. Or, if this	

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			Add	
	-		Remov	
			Add	
	-		Remov	
			Add	
	-		Remov	
			Add	
	-		Remove	
			Add	
	-		Remov	
aforementioned am	icate, if required: no more than 90 days cendment(s), duly authenticated by the che law of which this entity is organized	official having custody of record.	rds in the	
		inthorized representative		

Filing Fee: \$25.00