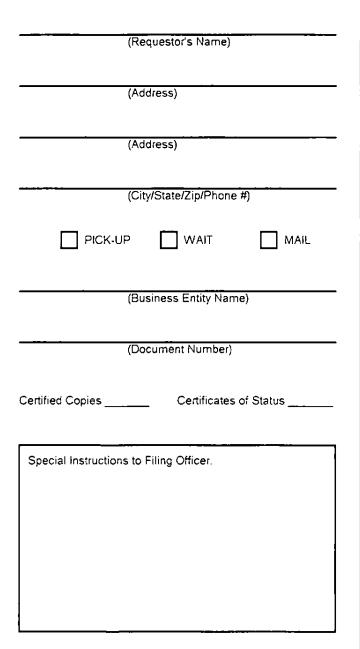
L24000071840



Office Use Only



500424621975

02/29/24 -01019--004 **27.00

2024 FEB 28 PM 2: 32

171, FER 28 PH 2:

COVER LETTER

TQ: Registration S Division of Co				
KAH Tech SUBJECT:				
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Kyle Rubin			
		Name of Person		
	KAH Tech LLC			
		Firm/Company		
	1440 CORAL RIDGE DRIVE SUITE 273			
		Address	 	
	CORAL SPRINGS, FL 33	071		
		City/State and Zip Code		
	kyle.rubin954@gmail.com	to be used for future annual report noti	Canting	
For further information	concerning this matter, please c		rication	
Kyle Rubin		954 7565278		
Name	of Person	at () Area Code Daytim	e Telephone 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

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

KAH Tech LLC		
(<u>Name of the Limited Liability Company</u>) (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L24000071840	ere filed on 2/8/2024	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>	24 F
- The part of processing the control of the control		B
-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	연수	
Enter new mailing address, if applicable:	•···	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
_		<u>: 32 </u>
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our records, <u>enter the name o</u>	of the new register
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	
<u></u> -	, 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
MGR	Adam M Schult	1440 CORAL RIDGE DRIVE	■ Add
		SUITE 273	□Remove
		CORAL SPRINGS, FL 33071	
MGR	Hasnain Moti	1440 CORAL RIDGE DRIVE	
		SUITE 273	_
		CORAL SPRINGS, FL 33071	
			⊡Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change

). If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
(If an effective Note: If the	date, if other than the date of filing:
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 22. 2021
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00