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## **COVER LETTER**

TO: Registration Solution of Co			
L	CNSNS L	10	
SUBJECT:	Name of Lim	L U ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	t		
	Alisha Br	uckman	
		Name of reison	
	Buckman	and Buckman	PA
		Firm/Company	
	2023 Cm	stitution Blud.	
		Stitution Blud.	
	Sovasota	FL 34228	
	Jan 030101	City/State and Zip Code	
	alisha@buc	FL 34238 City/State and Zip Code CKMAN AND BUCKMA	n.com
		to be used for future annual report notifi	
For further information of	concerning this matter, please ea	all:	
Alisha	Ruckman	au1	-9714
	of Person	at ( <u>941</u> ) <u>\$12</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
🔀 \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee &	S60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	.•
Registration		Registration Sec	

Division of Corporations 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 TO ARTICLES OF ORGANIZATION OF

KN5NS LL	C	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on or Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co Florida document number $2005246$	ompany were filed on <u>12/</u> 37	19/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designat	ion "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		7 1AN 2
(Mailing address MAY BE A POST OFFICE BOX)		φ   - IT1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	s, enter the name of the dew registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Cüy	, Florida 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	Kara K. Gobora	8050 Anthirium Loop	🗆 Add
		Sarasota, FL 34240	Remove
			□Change
AMBR	Nicolas N. Gobora	8050 Anthirium Loop	□Add
		Sarasota, FL 34240	) □Remove
		Sarasota, FL 34240 Please Fix zip code	<b>X</b> Change
			[]Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Add
			□Remove
			[]Change
			□Add
			□Remove
			□Channe

ii anii	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	we date, if other than the date of filing:
ne recor ord is fi	d specifies 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	1/a1/a0a5
	Signature of a member or authorized representative of a member
	Micholas N. GOBORA

Filing Fee: \$25.00