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(Re	questor's Name)	
V	.,	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
KIRAANA			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	imitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAMESH SAMBASIVA		
		Name of Person	·
	ALLIGATORZONE, LLC		
		Firm Company	
	7901 4th St S		
		Address	-··-
	Ste 300		
	St. Petersburg, F1, 33702 E-mail address: (City/State and Zip Code to be used for luture annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
RAMESH SAMBASIV	AN	813 644-9064	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ll \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(1) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fil.ED

2022 MAR 30 AM 9: 51

KIRAANA, LLC	SE	COST
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	ALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on APRH, 12, 2013	and assigned
florida document number 1.13000054312		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
ALLIGATORZONE, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbieviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Control of the Contro		
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 registere
agent and/or the new registered office address here:		
	/	
Name of New Registered Agent:		
N N 16 2 A 11		
New Registered Office Address:	Enter Florida street addres.	3
		orida
	City	Zip (, ode
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
thereby accept the appointment as registered agent and ag	ree to act in this capacity. I fu	rther agree to comply with th
provisions of all statutes relative to the proper and complete	e performance of my duties, ar	nd I am familiar with and
accept the obligations of my position as registered agent as		
being filed to merely reflect a change in the registered office	² address, I hereby confirm the	at 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
·			ElAdd
			!IRemove
			🗀 Change
			🗆 Add
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fective date if other than t	re date of filing: (optional)	
an effective date is listed, the date.	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be fisted a	07 (3)(b)
ocument's effective date on the	Department of State's records.	IN IIIC
record specifies a delayed effection is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	e
March 26	2022	

Filing Fee: \$25.00

Typed or printed name of signee

RAMESH SAMBASIVAN