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DECESSION

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	Baal Sen	vice Solutions LLC				
SOBJEC 1.		Name of Limi	ited Liability Company			
The smale see	1 A-4:-1 F	Amondused and Coo(s) are sub-	united for Elina			
i ne enciosed	I Anicies of A	Amendment and fee(s) are sub-	mined for filing,			
Please return	all correspon	ndence concerning this matter	to the following:			
		Albert Worth				
			Name of Person			
		Kazzot LLC				
			Firm/Company			
		242 S. Washington I	Blvd, #111			
			Address			
		Sarasota, FL 34236				
			City/State and Zip Code			
		albert@mannol-usa.c			········	
		· ·	to be used for future annual re	port notification)		
For further in	nformation co	oncerning this matter, please ca	all:		22 24	
Albert Wo	orth		248 701	-0157		
	Name of	f Person	Area Code	Daytime Telephone Nur	mber SS CO	
Enclosed is a	a check for th	ne following amount:			PH 1: GF.S.TA	
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi sed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)	·3 · · · · .

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baal Service Solutions LLC				
(Name of the Limited	I Liability Compar A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)	
The Articles of Organization for this Limited Lia Florida document number L10000112856	bility Company	were filed on 10/29/2010	and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
Kazzot LLC				
The new name must be distinguishable and end with the w	ords "Limited Liabi	ility Company," the designation '	'LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	bie:	1234 2nd Street		
(Principal office address MUST BE A STREET	ADDRESS)	Sarasota, FL 34236		
Enter new mailing address, if applicable:		242 S. Washington E	3lvd, #111	
(Mailing address MAY BE A POST OFFICE B	OX)	Sarasota, FL 34236		
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:		2:	ords, enter the name of the new	
New Registered Office Address:	242 S. Was	hington Blvd, #111	A DE TO	
New Registered Office Promises.		Enter Florida street ad	dress	
	Sarasota	,	Florida 34236	
		City	Zip Code 🚾	
New Registered Agent's Signature, if changing R			: 5	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Albert Worth	242 S. Washington Blvd, #111	= Add
		Sarasota, FL 34236	□ Remove
MGR	Yamen Almehrz	242 S. Washington Blvd, #111	
		Sarasota, FL 34236	Remove
			□ Add
			Remove 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Add

<u> </u>		
ffective date, if other than the date effective date must be specific, cannot be the date this document is filed by the Floridate.	te of filing: prior to date of receipt or filed date and cann Department of State)	(optional) ot be more than 90 days after
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