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(((H24000400559 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

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*Enter-the	email a	address	for	this	busino	288	entity	to	be	used	for	future
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17	Address:			

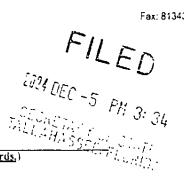
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAVUN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

DEC - 6 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Kavun, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company vi Florida document number <u>L13000002481</u>	vere filed on 01/07/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Emer r tortau street aaaress	
<del></del>	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<b>'</b> ,'	Dy Cool
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	verformance of my duties, and covided for in Chapter 605, F.	Lam familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

12/5/2024 07:16:25 PST ...

To: 18506176383

Page: 3/4

Change

Fax: 8134365206

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 = Ma	anager uthorized Member	2024 DEC -5 PM 3: 34				
<u>Title</u>	Name	Address FALL MASSEE H	Type of Action			
MGRM	Patel, Devanshi	P.O. Box 5775	□Add			
		Sun City Center, FL 33571	<b>⊊</b> Remove			
		- and - and and and	Change			
MGRM	PATEL, MANISH	P.O. Box 5775	🗀 Add			
		Sun City Center, FL 33571	⊠Remove			
			🗀 Change			
MGRM	PATEL, MANISH	7901 4th St N, STE 300	[ŞiAdd			
		St. Petersburg, FL 33702	Remove			
			□Change			
MGRM	Patel, Jalpabahen	7901 4th St N, STE 300	⊠Add			
		St. Petersburg, FL 33702	□Remove			
			Change			
			□Remove			
			Change			
			∐Add			
			□Remove			

12/5/2024 07:16:2\$ PST - . To: 18506176383 Page: 4/4 Fax: 8134365206

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(If an effecti Note: If	e date, if other than the date tive date is listed, the date must be sp the date inserted in this block do it's effective date on the Departr	secific and cannot be prior to date of filing or more than sees not meet the applicable statutory filing requi	(optional)  190 days after filing.) Pursuant to 605.0207 (3)(b) irements, this date will not be listed as the
the record s cord is filed.		but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated D	ecember 5th	. 2024	
	Signa	ture of a member or authorized representative of a me	Comber
	Nat Smith		