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COVER LETTER

| TO: Registration Se Division of Corp | | | |
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| Kalasa Grot | ıp, LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Dawn Tottel | | · |
| | , | Name of Person | |
| | Kalasa Group, LLC | | Code Section Section |
| | Name of Limited Liability Company mendment and fee(s) are submitted for filing. mence concerning this matter to the following: Dawn Tottel Name of Person Kalasa Group, LLC Firm/Company 1609 SW 17th Street, Suite 200 Address Ocala, FL 34471 City/State and Zip Code cheri@lorvenheart.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (| | |
| | 1609 SW 17th Street, Suite | Name of Person P. LLC Firm/Company th Street, Suite 200 Address Address Address Address: (to be used for future annual report notification) atter, please call: 352 843-8577 at (Area Code) Daytime Telephone Number Dount: ing Fee & S55.00 Filing Fee & Certified Copy (radditional copy is enclosed) Street Address: | |
| | | Address | |
| | Ocala, FL 34471 | | |
| | | City/State and Zip Code | |
| | - | to be used for future annual r | eport notification) |
| For further information c | | | , |
| Dawn Tottel | | | -8577 |
| Name o | f Person | | Daytime Telephone Number |
| Enclosed is a check for the | he following amount: | : | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addre | | | |
| Division of C | Corporations | Division | of Corporations |
| D O D (22 | 17 | The Cer | stre of Tallahaccee |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kalasa Group. LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | nany as it now appears on our r d Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Compared Florida document number L14000054906 | ny were filed on <u>04/03/2014</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lis | ability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1609 SW 17th St. | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 200 | <u> </u> |
| | Ocala, FL 34471 | |
| Enter new mailing address, if applicable: | 1609 SW 17th St. | 2021 |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 200 | · · · · · · · · · · · · · · · · · · · |
| Trustering works Committee or the Committee of the Committee or the Commit | Ocala, FI. 34471 | <u> </u> |
| | | P |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ce address on our records, g | enter the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: 1609 SW 17 | th St., Suite 200 | |
| | Enter Florida street | address |
| Ocala | | , Florida <u>34471</u> |
| | 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> | <u>Address</u> | Type of Action |
|--------------|-------------------------|-----------------|-----------------|
| AMBR | Lorven Investments, LLC | 1609 SW 17th St | □ Add |
| | | Suite 200 | □Remove |
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| fective date, if other than the one effective date is listed, the date must | date of filing: | | (option: | al) |
| n effective date is listed, the date must ste: If the date inserted in this blo | be specific and cannot be p ick does not meet the ap | rior to date of filing or r plicable statutory fili | iore than 90 days after filling requirements, this da | ng.) Pursuant to 605.020 ate will not be listed a |
| cument's effective date on the De | partment of State's reco | ords. | | |
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| ecord specifies a delayed effective | date, but not an effective | ve time, at 12:01 a.m. | on the earlier of: 96) | The 90th day after the |
| is filed. | | | // | _ |
| June 17 | 2021 | | (/ | |
| ted June 17 | | · | + | |
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| | Signature of a member or | authorized representativ | e of a member | |
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Filing Fee: \$25.00