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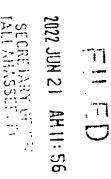
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP . WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE SEP - 9 2022 |
| |

Office Use Only



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COVER LETTER

TO:

Registration Section

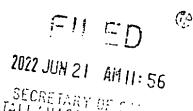
Tallahassee, FL 32314

| Division of Corp | orations | | • |
|--|---|--|--|
| SUBJECT: Kay | | LC. | |
| | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Raiph | Bywei Name of Person | |
| | Lava L | EMAL LLC Firm/Company | |
| | P.O. B | OX 219-7 | |
| | Cluter | City/State and Zip Code | 32147. |
| | E-mail address: (0 | nncka annual report notifice be used for future annual report notifice | fication) |
| For further information cor | ncerning this matter, please ca | all: | |
| Ralph B | Person | at (770) 1017 Area Code Daytime | 3850 e Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Address:</u> Registration So | ection | Street Address: Registration Sec | |
| Division of Co P.O. Box 6327 | | Division of Cor The Centre of T | |
| T.A.J. DOX 0.347 | | THE CENTER OF F | ananance |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

| Kaya land | LIC | SECRETARY OF CHI TALLAHASSEE. |
|---|---|----------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | ability Company) | |
| The Articles of Organization for this Limited Liability Company v Florida document number 140018450. | were filed on 12 2 201 | 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 | ty Company," the designation "LLC" 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 adaptated agent and/or the new registered office address here: | ddress on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | T1 | |

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.

City

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 |
|---------------|------------------|------------------------|----------------|
| MGRM | Mark W. Stouffer | PIO. BOX 526 | X T^dd |
| | | Cluterlacien Fl. 32148 | □Remove |
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| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an e | ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (12) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| he reco | ord 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 filed. |
| Dated | June 16th avaa. |
| | L Barner |
| | Signature of a member or authorized representative of a member |
| | R Bonnaic Marin |
| | Typed or printed name of signee |

Filing Fee: \$25.00