LI5000057732

| (Requestor's Name) |
|--|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , , |
| (Document Number) |
| (Cooling to the Cooling to the Cooli |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



700367657777

06/23/21--01008--005 **25.00

到21 JUH 23 AH 7: 46

O SIMNIC'

COVER LETTER

| TO: Registration So Division of Co | | | |
|---|---|---|---|
| Kalasa SE, | LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| | ondence concerning this matter | 5 | |
| | Dawn Tottel | | |
| | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | Kalasa SE, LLC | | |
| | | Firm/Company | |
| | 1609 SW 17th Street, Suit | e 200 | |
| | | Address | · <u> </u> |
| | Ocala, FL 34471 | | |
| | | City/State and Zip Code | |
| | cheri@lorvenheart.com | | |
| | | to be used for future annual report not | ification) |
| For further information of | oncerning this matter, please c | all: | |
| Dawn Tottel | | 352 843-8577 at () | |
| Name o | f Person | | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration S | | <u>Street Address:</u> Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | 7 | The Centre of I | Fallahassee |
| Tallahassee, l | al 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JUH 23 AH 7: 46

| Kalasa SE, LLC | L* | |
|---|--|----------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) | . 1 |
| The Articles of Organization for this Limited Liability Company Florida document number L15000057732 | were filed on 04/01/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or th | e 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 | |
| | Ocala, FL 34471 | |
| Enter new mailing address, if applicable: | 1609 SW 17th St. | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 200 | |
| | Ocala, FL 34471 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the r | name of the new registered |
| Name of New Registered Agent: | | _ . |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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

2621 JUN 23 AH 7: 46

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|-----------------|----------------|
| MGR | Kuchakulla N Reddy | 1627 SW 1st Ave | 🗆 Add |
| | | Suite 200 | □Remove |
| | | Ocala, FL 34471 | ₽.al |
| MGR | Kavitha Reddy | 1609 SW 17th St | |
| | | Suite 200 | □Remove |
| | | Ocala, FL 34471 | <u>—</u> |
| · | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

| | | 201 301 23 AH 7:46 |
|--|---|--|
| | | 1011 CC11 EG - 1011 1 - 4 C |
| | | |
| | | • • • • • • • • • • • • • • • • • • • |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ·· |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | - | |
| | | |
| ective date, if other than the da | ate of filing: | (optional) |
| reflective date is listed, the date must be | e specific and cannot be prior to date of k does not meet the applicable sta | of filing or more than 90 days after filing.) Pursuant to 605.03 atutory filing requirements, this date will not be listed |
| nument's effective date on the Department | artment of State's records. | matery ming requirements, this time with not be instead |
| · | | |
| | n i i m | 12.01 1. (C.A.) The cost decision |
| cord specifies a delayed effective of s filed. | late, but not an effective time, at | 12:01 a.m. on the earlier of: (b) The 90th day after the |
| is fried. | | / / |
| | 2021 | |
| June 17 ted | 2021 | |
| ıcu | | $\mathcal{L}_{\mathcal{L}}}}}}}}}}$ |
| | | |
| | | |
| - | gnature of a member or authorized re | epresentative of a member |

Filing Fee: \$25.00