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(Requestor's Name)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
enn mær.	KARTHAR SERVICES, LLC						
SUBJECT		Name of Lim	ited Liability Company	<del></del>			
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		ANITA JENO					
			Name of Person				
			Firm/Company	<u></u>			
		1736 BELAIR AVENUE					
Address POMPANO BEACH, FL 33062							
			City/State and Zip Code	<del>_</del>			
		JENOMUTHIAH@GMAII					
		E-mail address: (	to be used for future annual report notif	ication)			
For further in	ntormation c	oncerning this matter, please c	all:				
JOSPEH M. BALOCCO, JR.		. JR.	954 530-4731 at ()				
	Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a	a check for th	ne following amount:					
<b>■</b> \$25.00 B	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres		Street Address: Registration Sec	ction			
Registration Section Division of Corporations			Division of Corporations				
P.C	D. Box 632	.7	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 29 AM 11:

KARTHAR SERVICES, LLC		Shirk may ex		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	SEUEL FARY OF S TALLAHASSEE.		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000104026}{L15000104026}$ .	were filed on <u>06/15/2015</u>	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 the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	1736 BELAIR AVENUE			
	POMPANO BEACH, FL 33062			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1736 BELAIR AVENUE			
Truting marcas Arti Victoria	POMPANO BEACH, FL 33062			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	name of the new registered		
	Florida			
	City	Zıp 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>	Address	Type of Action
MGR	ANITA JENO	1736 BELAIR AVENUE	□Add
		POMPANO BEACH, FL 33062	□Remove
			□ Add
			Remove
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Effective date, if othe If an effective date is listed, Note: If the date inserte document's effective da	a in this block do	es not meet t	he applicabl	e statutory f	r more than 90 ling requiren	(optiona days after filinents, this da	it) ng.) Pursuant ite will not b	to 605,020' e listed as
e record specifics a delay rd is filed.	ed effective date,	but not an ef	ffective time	:, at 12:01 a.i	n. on the earl	ier of: (b)	The 90th day	after the
Dated JULY 21		20:	22					
Å	.00.							
	Signate	ite of a membi	er or authorize	ed representat	ive of a membe	·r		_
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ANITA JENO								

Filing Fee: \$25.00