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| · (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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Office Use Only

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | • • • | |
|-----------------|--------------------------------------|--|--|---------------------------------|---|--|
| SUBJI | ECT: | KACO Name of Lim | 1960. LLC ited Liability Company | | | |
| The en | nclosed Articles of A | Amendment and fee(s) are sub | mitted for tiling. | | | |
| Please | return all correspon | ndence concerning this matter | to the following: | | | |
| | | Baba 5825 201 | BA KAZRAVA Name of Person Firm/Company LINS AVE # G Address Mi Blach - City/State and Zip Code VAN Gymuil | 3B | 2818 WATT P & T | |
| | | E-mail address: (1 | to be used for future annual report | rt notification) | | |
| For fur | ther information co | ncerning this matter, please ca | alt: | | | |
| | PABA KAZ Name of | RAVAN Person | at (305) Area Code D | 788 – 50 aytime Telephone Nu | 78 mber | |
| Enclos | ed is a check for the | following amount: | | | | |
| Š √ \$2: | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certi) Certi | 00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed) | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KAGO 1960. | |
|--|--|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | v as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L. 1 (a 0000 49</u> .79, | 2 |
| This amendment is submitted to amend the following: | please note |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: | ity company here: (Saba with the symbol of for a sympany," the designation "LLC" of the abbreviation "LLC" 2036 ON 1st st st s MiaMi Fl 33135 |
| Enter new principal offices address, if applicable: | 2036 ON 1st st = |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI F1 33/30 - 17 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Key Biscayne F1 33140 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | |
| | Enter Florida street address |
| | 15 ROYN2 Florida 33149 City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of | performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is |

If Changing Registered Agent Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
|--------------|--------------|------------|---------------------|---------------------|
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| ective date is listed, the lifthe date inserted ent's effective date | in this block does not a on the Department of S | d cannot be prior to date meet the applicable sta State's records. | of filing or more than 90 atutory filing requiren | (optional) days after filing.) Pursuan nents, this date will not 12:01 a.m. on the | be liste |
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