L17000088782

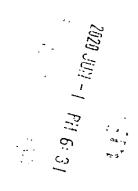
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section

Divi	Division of Corporations			
~~~~~	Kehovi, Ll	.c		
SUBJECT:		Name of Lin	ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sherrie Cairo		
			Name of Person	<del></del>
		Corporate Direct, Inc		
			Firm/Company	
		348 Mill Street		
			Address	
		Reno, NV 89501		
			City/State and Zip Code	<del></del>
		scairo@corporatedirect.cor	n to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please c	·	· · · · · · · · · · · · · · · · · · ·
Sherrie Caire	o		775 824-0300	
	Name o	f Person	at () Area Code Daytin	me Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$</b> 25.00 F	iling 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)
Mai	ling Addres	s:	Street Address:	
Reg	gistration S	Section	Registration S	
	rision of C ). Box 632	orporations 7	Division of Co The Centre of	•
	lahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF 7:23 JUH - 1 Pu s

Kehovi, LLC	· -	on the E
(Name of the Limited) (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number L17000088782	!	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>.</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office address had been been provided by the New Registered Office Address:	stered office address on our records	, enter the name of the new registered
New Registered Office Address:	Enter Florida stree	1 address
		. Florida
·	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my du red agent as provided for in Chapte istered office address, I hereby con,	ties, and I am familiar with and c 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager .uthorized Member		
Title	Name	2021 J - 1 Pt 6: 3	Type of Action
AMBR	Villanova, Hudson	\$ 10 mm	□Add
		172 Center Street, Ste 202 STE. 2869	=Remove
		-	
AMBR	Hudson, Bryan	172 Center Street, Ste 202-2869, Jackson, W	a′ 83001 ■ Add
			□Remove
			□Add
			□Remove
		<del></del>	□Change
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	2028 JUN - 1 Pit 6: 32
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Note: If th	te, if other than the date of filing:
e record spo rd is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>C</u>	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Jessica Villanova Typed or printed name of signee

Filing Fee: \$25.00