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2022 APR II AM 6: 35 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS

COVER LETTER

TO:

Registration Section
Division of Corporations

MICHAEL COSTANZO 3937 HIDDEN GLEN DR SARASOTA, FL 34241

SUBJECT: KEMUN	ERATIVE (TLOBA) SERVICE
	Name of Limited Liability Company
The enclosed Articles of Amendment ar	nd fee(s) are submitted for filing.
Please return all correspondence concer-	ning this matter to the following:
M	ICHAEL R. COSTANZO Name of Person FRATIVE GLOBAL SERVICES LA
REMUNT	FIRM/Company
39	37 HIDDEN GLEN DRIVE
SARA	ECO 1@ AOL. COM
Mik	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Michael R. COSTAR Name of Person	szc at 941 928 – 5841 Area Code Daytime Telephone Number
Enclosed is a check for the following an	nount:
□ \$25.00 Filing Fee □ \$30.00 F Certific	iling Fee & S55.00 Filing Fee & S60.00 Filing Fee, ate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

FILED

REMUNERATIVE GLOBAL SECTION

2022 APP IL M 6:35 LLC SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) LAHASSEE, FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	v were filed on SEPT. 24, 2018 and assigned
The Articles of Organization for this Limited Liability Companies Florida document number 1 18000225 7	83
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	LLC
The new name must be distinguishable and contain the words "Limited Lial	
Enter new principal offices address, if applicable:	3937 HIDDEN GLEND
(Principal office address MUST BE A STREET ADDRESS).	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	/A
New Registered Office Address: N	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	
	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and

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.

N/A

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 addec or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member



<u>Title</u>	Name	Address	Type of Action
			□Add
	,		□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			Remove
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