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TALLAHASSEFLELORIDA SECRETARY OF STATE

2019 NOV -8 AH 11: 54

COVER LETTER

TO: Registration Sect Division of Corp			
Kajoda Servi	ces, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kara Morgan		
		Name of Person	
	Kajoda Services, LLC		
		Firm/Company	
	3125 Lakewood Ranch Bo	ulevard Suite 102	
		Address	
	Bradenton FL 34211		
	kmorgan@kajodaservices.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co	all:	
Kara Morgan		941 9325441 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 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)

MAILING ADDRESS:

.

TO:

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

Kajoda Services, LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 07/25/2019	and assigned
lorida document number L19000191152	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		2019 SEC TALL
		EC 25
B. If amending the registered agent and/or re	gistered office address on our records, g	enter the name of the
egistered agent and/or the new registered office a	<u>adress here</u> :	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		2 .
	Enter Florida street address	
	, Florie	da
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kara Morgan	16206 Castle Park Terrace	Add
		Lakewood Ranch, FL 34202	
			Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
		 	Change
			Add
		<u></u>	Remove
			☐ Change
			☐ Remove
		······································	☐ Change
			D Add
			Remove
			Change

D. If amending any other informati	on, enter change(s) here: (Attach additional	sheets, if necessary.)
		
		
		
		
E. Effective date, if other than the constant (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	late of filing:	(optional) han 90 days after filing.) Pursuant to 605.0207 (3) quirements, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the reco	effective date, but not an effective time rd is filed.	e, at 12:01 a.m. on the earlier of:
Dated November 4	2019	
	ignature of a member or authorized representative of a	member
Kara Morgan		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00