## L20000035662

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<del></del>	·	

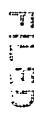
Office Use Only



200418867042

11/15/23--01009--020 ++25.00

SEC LIVE SECTION



## **COVER LETTER**

Registration Section Division of Corporations

Э:

JBJECT:	Kzal hh		
	Name of Lim	ited Liability Company	
e enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
ease return all corresponde	nce concerning this matter	to the following:	
	Kalie	Name of Parron	
	Kz	Firm/Company	
	13241.	Jata hily Dr. Tamp: Fh	<u>. 3</u> 3579
	Gur	City/State and Zip Code	
-	E-mail address: (	to be used for future annual report notification)	 
r further information conce	erning this matter, please ca	all:	023 E
Name of Per	rson	at (407) 990 -0.51/ Area Code Daytime Telephone Nu	2023 HOW 15 AH 9:
closed is a check for the fo	ollowing amount:		9: 58 E. FL
1.525.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Address: Registration Sec		Street Address: Registration Section	
Division of Corp P.O. Box 6327	orations	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL.	32314	2415 N. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assi	gned
he abbreviation "L.I.	
	C."
<del>.</del>	
<del></del>	
2013 3 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	
z:	erry ; ; ; registered
UI	rocan
	_ 5 }
(C) (O)	الم
<del></del>	
a	
Zip Code	
r agree to compl am familiar with Or, if this docur e limited liabilit	n and ment is
	Zip Code  agree to comple  im familiar with  Or, if this docur

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager | MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
CR	Zainah Malyzi	5969 Bent Pine Dr.  Apt 1838  OHando, Fh 32822	
		Apt 1838	(DRemove
		OHardo, Fh 32822	□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
	<del></del>	: 	©Add
			D'Add AM STATE STATE
			□Change
			□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change

	<del></del>	·		<u> </u>				
							<del></del>	
	<u></u>		·					
			<u> </u>					
				==				
	_		· · · · -					
							_	
						<u> </u>		
			<del></del>				~ >	
						<u></u>	23 1	
					<del></del>		<del>-</del>	r mars
			<del></del>			2011	_5_	ţ.
						: 13) : 13 <u></u> ე : 11 (ი)	<u> </u>	[ · ]
			111.51.5			77	9: 58	-
	ate, if other than the date me	ust be specific and o block does not me	cannot be prior to d eet the applicable		than 90 days aft		ant to 605.0	
effective <u>te:</u> If the	date inserted in this be effective date on the l							
effective te: If the tument's cord spec	date inserted in this b	ive date, but not a	an effective time,	at 12:01 a.m. on	the earlier of:	(b) The 90th	day after	the
effective te: If the cument's	date inserted in this be effective date on the l	ive date, but not a	an effective time,	at 12:01 a.m. on	the earlier of:	(b) The 90th	day after	the
effective te: If the cument's cord spec s filed.	date inserted in this be effective date on the l	kdů	2023  Lice			(b) The 90th	day after	the

THE PLACE AND