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COVER LETTER

CHD ICA		LC		
SORTEC	,1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		ANTONIO REGOJO		
			Name of Person	
		REGOJO LAW, PA		
	KADIA LLC KADIA LLC Name of Limited Liability Company nelosed Articles of Amendment and feets) are submitted for filing. return all correspondence concerning this matter to the following: ANTONIO REGOJO Name of Person REGOJO LAW, PA Firm/Company 12550 BISCAYNE BL/D STE 110 Address MIAMI, FL 33 B81 City/State and Zip Code aregojo@Regojotaw.com E-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: DNIO REGOJO Name of Person Area Code Daytime Telephone Number Seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Registration Section Division of Corporations			
Division of Corporations KADIA LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANTONIO REGOIO Name of Person REGOIO LAW, PA Firm/Company 12550 BISCAYNE BLVD STE 110 Address MIAML FL 33181 City/State and Zip Code aregojo@Regojolaw.com Femal address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO REGOIO Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee}				
		NAME OF Limited Liability Company ticles of Amendment and feets) are submitted for filing. correspondence concerning this matter to the following: ANTONIO REGOJO Name of Person REGOJO LAW, PA Firm/Company 12550 BISCAYNE BLVD STE 110 Address MIAMI, FL 33181 City/State and Zip Code aregojo@Regojolaw.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: iOJO Name of Person at 305		
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			City/State and Zip Code	
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For furth	er information (concerning this matter, please c	all:	
ANTON	IO REGOJO			
	Name (of Person		ne Telephone Number
Enclosed	Lis a check for t	the following amount:		
■ \$25 .	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration	Section	Registration Se	
		-		
	Tallahassee,			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICI	LES OF AMENDMENT	_
ADTICL	TO	
ARTICL	ES OF ORGANIZATION	
	OF	
KADIA LLC		ecords.) and assigned
	hility Company as it now appears on our re	ecords.)
(A Flo	rida Limited Liability Company)	رقم برائي
he Articles of Organization for this Limited Liability	y Company were filed on $\frac{02/06/2020}{}$	and assigned
lorida document number L20000043828		
		
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
ta ta ann an an an an an an		
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or registe		ater the name of the new registered
gent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		· · · · ·
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
_	City	Zip Code
iew Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered age	ont and gorne to act in this canacity	I further garee to comply with the
provisions of all statutes relative to the proper and	d complete performance of my dutie	s, and I am familiar with and
accept the obligations of my position as registered	d agent as provided for in Chapter 6	505, F.S. Or, if this document is
being filed to merely reflect a change in the regist		n that the limited liability
company has been notified in writing of this chang	ge.	

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>	Address	Type of Action
MGR	IVAYLO METODIEV	2349 VANDERBILT BEACH RD #520	= Add
		NAPLES, FL 34110	□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
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			□Add
			□Remove
			□Change
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			□Remove
			☐ Change

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Filing Fee: \$25.00