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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rame 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:	
Adeniran Kolande Kazem	
RAMKAZ L L C Firm/Company	
2644 Silver Hills Dr Apt 2	
Orland FL 32818	
City/State and Zip Code Kolawole La 30 em 370 gmail Com E-mail address: (to be used for future annual report notification)	2021
For further information concerning this matter, please call:	<u>=</u> 28
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Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahássee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAMFAZ L'L	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000074-751</u> .	were filed on March 6, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	·
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	M/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	N/A PER T
New Registered Office Address:	Enter Florida street address
^	1/A Florida A/AF —
New Registered Agent's Signature, if changing Registered Agent:	City — Zip Code → City — City — Zip Code → City —

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>		Address	Type of Action
N/A	. N/A	N/+	≣ Add
		N/A	≣Remove
	,	NA	≣ Change
N/H	N/A	N/A	
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		M/A	■Change
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		M/A	Remove
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NA	M/A	MA	■Add
		M/A M/A	■Change
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		MLA	= Add
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Dated	a_Jul	y 23	<u> </u>	<u> 21</u>			
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Filing Fee: \$25.00