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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kalopsia Services 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:
Pamela A Lucero Name of Person
Kalopsia Services LLC Firm/Company
1215 S. 9 ⁴⁴ 51 Address
Leesburg FL 34748 City/State and Zip Code
Helb @kalopsiaus.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pamela A Lucero at (917) 327 - 3450 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status ← Certified Copy (Certified Copy radditional copy is enclosed) Certified Copy (Certified Copy radditional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kalcobia Devinces (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number $L=2CCCC$ 10.9835	were filed on $1/\sqrt{5/2020}$ 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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12150 9"54 Leeshirg Florida 34743
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EC - TI
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Parm New Registered Office Address: 12.15 5	Enter Florida street address City City

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
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