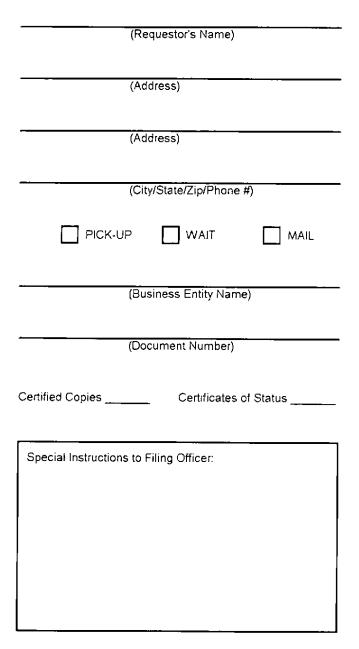
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COVER LETTER

	Registration Se Division of Co					
CUD IEC	AI MOMS					
SUBJEC	1;	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Salvador I Dipp				
			Name of Person			
		Premium Tax Services				
			Firm/Company			
		9050 Pines Blvd Suite 415	i-412			
			Address			
		PEMBROKE PINES, FL	33024			
		-	City/State and Zip Code	 6		
		saldipp@premiumtaxservic	es.com			
		E-mail address: (to be used for future annual report not	fication)		
For furthe	er information o	concerning this matter, please c	all:			
Salvador	I Dipp		954 544-4017 at ()			
	Name c	f Person		e Telephone Number		
Enclosed	is a check for t	he following amount:				
■ \$25.0	0 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 Addres	 -	Street Address: Registration Se	ction		
Registration Section Division of Corporations				Division of Corporations		
	P.O. Box 632		The Centre of T	Tallahassee		
7	Fallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AI MOMS, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited L		were filed on	and assigned
lorida document number L20000142145	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
KLOUDLIFT LLC			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		16086 SW 136TH WAY	. ~
Principal office address MUST BE A STREE		MIAMI, FL 33196	0241
			- 8
			ξή ω [
nter new mailing address, if applicable:		16086 SW 136TH WAY	SSS R
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33196	<u> </u>
-			- 1. 1. 1. 1. 1. 1. 1. 1.
i. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addres	S
	N/A	, Flo	orida ^{N/A}
	·	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 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
	N/A	N/A	□Add
			□Remove
			□Change
			□Adđ
			□ Remove
		 -,	□Change
•			□Add
			□Remove
			□Change
			□Remove
			□Change
	 _		□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

amendment to the Partnershi	p including but not limited to:					
1 Add or delete MGRS						
2 Change Registered Agent	(
3 Change or add mailing ad	ldress					
4 Change or add principal address						
5 Amendments	-					
6 Exchange, Reclasification	6 Exchange, Reclasification and or cancellation of shares					
7 Dissolution and any type	- Dissolution and any type of change or amendment					
						
ective date, if other than the effective date is listed, the date must be: If the date inserted in this blument's effective date on the Di	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ock does not meet the applicable statutory filing requirements, this date will not be listed as the					
cord specifies a delayed effectiv s filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the					
JANUARY 10 ed	2024					

Typed or printed name of signee