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COVER LETTER

Division of Co			
CUBICCT.	KPrime	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	K	CIEIO FOODES Name of Person	
		Firm/Company	
	7361 NW 36	Sth St Address	2021 APR 22
	Laudermill	FL 33319 City/State and Zip Code	2 PM : 22
	Kacia Forv	OCS CYCH CO CON	ication)
For further information (concerning this matter, please ca	all:	
Saria Fort	of Person		5798 : Telephone Number
Enclosed is a check for t	he following amount:		
≥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liebility Common as it as	anni anni an anni arearda)			
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ompany)			
The Articles of Organization for this Limited Liability Company were file	ed on 7/14/20 and assigned			
Florida document number <u>L 2 00002 02935</u>	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability com	pany here:			
Kaeprime LLC				
'he new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2021			
Principal office address MUST BE A STREET ADDRESS)				
	2			
	٠٠٠ - ١٠٠٠			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	25			
3. If amending the registered agent and/or registered office address o	on our records, enter the name of the new registe			
ngent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
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 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>	Name	Address	Type of Action
			🗆 Add
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