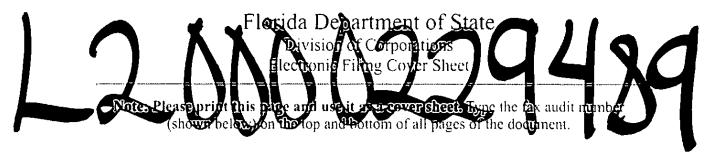
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Division of Corporations



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	Account Number : IZ0010000062			71.7	
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Electronic Filing Menu Corporate Filing Menu

Help

To:

COVER LETTER

	Registration Se Division of Cor					
oun inc		IVEDI LLC				
SUBJEC	:I:	Name of Lin	nited Liability Company			
The engli	unnd Antinton of	Amendment and fee(s) are sub	amitted for filing			
		endence concerning this matter	-			
		Mike Town				
			Name of Person			
		Legalzoom.com, Inc.			2024 ST	
		**************************************	Firm/Company		75	42
		9900 Spectnum Dr			2024 NOV 14	5°
			Address			į.
		Austin, TX 78717			PH 4:	1
			City/State and Zip Code		50 50	
		kt.mktllc@gmail.com	to be used for future annual report notif	S		
For furthe	er information c	oncerning this matter, please c	·	reactions		
Mike To	wn		800 773-0888 at ()			
	Name o	f Person		2 Telephone Number		
Enclosed	is a check for th	ne following amount:				
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	Registr Divisio P.O. Bo	INC ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our reco- bility Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number L20000229489		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		021
_	termore and the second	二
		- pulcari
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		5
-		m O
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our recor	ds, <u>enter the name</u> of the r
	Enter Florida street addr	css
	, F	Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	Jitendra Trivedi		
		12321 VISTA POINT CIR. JACKSONVILLE, FL 32246	■ Remove
			Change
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•	,	2024-11-14 05:27:56 PST	LegalZoom com, Inc.	From: Candace
D. If	amending any other informat	tion, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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E. EN	ective date, if other than the	date of filing:	(optional)	
(If a	n effective date is listed, the date must	be specific and cannot be prior to date of filing ock does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant t	o 605.0207 (3)(b)
	cument's effective date on the De		rang requirements, and date with not be	e nated as the
	record specifies a delayed The 90th day after the reco	effective date, but not an effect ord is filed.	ive time, at 12:01 a.m. on the e	earlier of:
	· 60/20/2024			
Da	lea 0-1120122 - 0-9	Signature of a member or authorized represen		
	P.K-Vivedi	Signature of a member or sutherland	tative of a growther	·
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Page 3 of 3

Filing Fee: \$25.00