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COVER LETTER

TO:	Registration Sec Division of Corp					
CI:DII	CT.	KARM	ATOURS FLORIDA	LLC		
20041	Name of Limited Liability Company					
The en	closed Articles of A	aniendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
			rue Van Horn			
			ratile of reison			
			Bruce Venttom LL	<u>C</u>		
			Firm/Company			
			2775 Brewird Ave #3			
			olou Beach Fl	32931		
		City/State and Zip Code				
		Bruce (2)	bruce v'anhonn Cpa to be used for future annual report notific	. IOM		
For fur	ther information co	ncerning this matter, please ca	-	,		
	Bru	ce Van Hom	at (G177) GG2 Area Code Daytime	4714		
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	following amount:				
☑ \$2:	5.00 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 Address: Registration Se		Street Address: Registration Sect	ion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karmatours Florida, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/14/2020 and assigned Florida document number 420010 284470 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bruce Van Horn, LLC."

The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	<u>Address</u>	Type of Action
Myr	Crystal Harvey	1350 Ebstrace Ave Merritt Island I-L 31952	□Add
		1-r 3722 c	TRemove
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			□ Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	5/10/24
	Signature of a member or authorized representative of a member
	Brice Von Hom Typed or printed name of signee
	Typed or printed name of signee