L20000288037

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	.

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Priorie: 850-558-1500	
ACCOUNT NO.	: I2000000195
REFERENCE	: 466 4 58 8319325
AUTHORIZATION	: Syrelle le man
COST LIMIT	: \$ 25.00
ORDER DATE : October 22, 2020	•
ORDER TIME : 12:35 PM	
ORDER NO. : 466458-001	
CUSTOMER NO: 8319325	
<u>DOMESTIC AM</u>	ENDMENT FILING
NAME: KAIPER, LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO	RPORATION
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAI	NDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT#

COVER LETTER

го:

Registration Section Division of Corporations

SUBJECT:	Kaiper LLC					
, obsile 1	-	Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
		Dominique Perry				
		Name of Person				
	Kaip	erco				
		Firm/Company				
		8580 SW 212	2 Street # 106			
		Address				
	Miar	ni, FL 33189				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		dominique.perry@kaiperco				
	E-mail addre	ss: (to be used for future annual report no	otification)			
for further informat	ion concerning this matter, pleas	se call;				
Dominique I	Perry	at (_929_) 273-5	5431			
Name of Person			me Telephone Number			
Inclosed is a check	for the following amount:					
□ \$25.00 Filing Fo	ce S30.00 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)			
_	ion Section of Corporations	Street Address: Registration S Division of Co				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kaiper LLC		_			
(Name of the Limited Liability Company as it not (A Florida Limited Liability Co.	w appears on our records.) mpany)				
The Articles of Organization for this Limited Liability Company were filed Florida document numberL20000288037	d on09/14/2020	and assigned			
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability comp	pany here:				
KAIPERCO, LLC					
he new name must be distinguishable and contain the words "Limited Liability Compan	iy," the designation "LLC" or the abb	previation "L.L.C."			
nter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)		20			
		(II)			
	·	<u> </u>			
	•	2			
nter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
		ر جو ن			
		20			
3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here: Name of New Registered Agent:	n our records, enter the name	200			
runic or new regimered rigent.					
New Registered Office Address:	nter Florida street address				
a	rmer r ioriaa sireet aaaress				
**************************************	, 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 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>l'itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□ Change
			\ _Add
			□Remove
			□Change
	·		2020 NOV 21 Remove
			□Add
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an effect	e date, if other than the tive date is listed, the date mu the date inserted in this b at's effective date on the E	ist be specific and dock does not me	cannot be prior to c cet the applicabl		ore than 90 days			
			m affaction times	. at 12:01 a.m. c	n the earlier o	f: (b) The	e 90th da	ay after the
record :	specifies a delayed effectiv L	ve date, but not a	m checave time					
ocumen			2020	Pow	7			

Filing Fee: \$25.00