L20000294980

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: J DENNIS JAN - 9 1023		
(City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)	
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Office Use Only



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10/12/22--01016--022 **25.00

2022 OCT 12 PM 4: 09

SECRETARY OF STATES

TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Thursday, October 06, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For SPOOKS, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one priginal and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

10:	Registration Section Division of Corporatio	ns ,		
SUBJI	εςτ: <u>SPOOKS LLC</u>			
			ted Ltability Company	
The er	nclosed Articles of Amenda	ment and fee(s) are sub-	mitted for filing.	
	return all correspondence			
	<u>-</u>	Corpor	ate Maintenance Le	ad
			Name of Person	
		Proc	essing Department	
			Firm/Company	
		1	450 Vassar St	
			Address	
			Reno, NV 89502	
			City State and Zip Code	
				
For G	urther information concern		to be used for future annual report noti	ncation)
1011	artiser information concerns	mg this matter, please ca	311.	
	Processing I	Department	at (800) 638-2320	
	Name of Person	ı İ	Area Code Daytiin	e Telephone Number
Enclo	osed is a check for the follo	wing amount:		
⊡ S	25.00 Filing Fee S	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 A Registration S Division of Co P.O. Box 632	ection prporations	STREET/COUR! Registration Section Division of Corpo	on
	Tallahassee, F		Clifton Building 2661 Executive Co Tallahassee, FL 3:	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	SPOOKS, LLC	
(Name of the Lim	ited Linbility Company as it now appears on (A Horida Cimited Ciability Company)	our records.)
The Articles of Organization for this Unnited 1		
Florida document number L20000294980	 '	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
	KPRISM, LLC	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	= BOX)	
B. If amending the registered agent and	d/or registered office address on ou	or records, enter the name of the new
registered agent and/or the new registered	office address here:	
N CN P II		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	str e et address
1		, Florida
Name of the state	City	Zip Code
New Registered Agent's Signature, il changing		
I haraby account the appointment de register	and arount and aroung to any in this can	and the state of t

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 or removed	Authorized Person(s) nuthorize	red to manage, enter the title, name, an	d address of each person-being added
MGR = N AMBR = A	lanager athorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change

If amending any other information, enter changets	here: (Attach additional sheets, if necessary)
	
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Effective date, if other than the date of filing:	(optional)
(if an effective date is fisied, the date missiple specific and cambot i	applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, b) The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier of:
Dated October 5. 20	022
	week/
Signature of a member	or authorized representative of a member
	Carolina Villata
	arolina Villeta
1,7,74	F
	0. 3.63

Page 3 of 3

Filing Fee: \$25.00