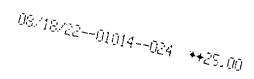
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SECRETARY OF STATE

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## **COVER LETTER**

TO:

Registration Section

Divis	sion of Corporations		
SUBJECT:	Kalpa I LLC		
	Name o	f Limited Liability Company	
The enclosed /	Articles of Amendment and fee(s) are	Submitted for 61.	
Please return a	ll correspondence concerning this ma	atter to the following:	
	Daisy Danna c/o Gabr		
		Name of Person	
	Kalpa I LLC		
		Firm/Company	
	10350 West Bay Harbo	r Dr. #3U	
		Address	
	Bay Harbor Is, FL 3315	4	
	into@CD:	City/State and Zip Code	
	info@GDmiami.com		
For further inforn	nation concerning this matter, please	: (to be used for future annual report no	otification)
Daisy Danna	b picasc		
<del></del>	Name of Person	786 913 8652	
	value of Ferson	Area Code Daytin	ne Telephone Number
nclosed is a chec	k for the following amount:		
<b>■ \$</b> 25.00 Filing		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KALPATILC (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 12/08/2020 and assigned Florida document number\_L20000383592 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_. Florida \_\_\_\_ Cin

## 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
MGR	DAISY DANNA	10350 W.BAY HARBOR DR. 3U	<b>≣</b> ∧dd
		BAY HARBOR IS.,FL 33154	□Remove
		<del></del>	
MRG MARIA GABRIELA DEMARINIS	MARIA GABRIELA DEMARINI <b>S</b>	10350 W.BAY HARBOR DR. 3U	<b>\overline{\overlin</b>
	BAY HARBOR IS.,FL 33154		
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			☐ Change
		□Add	
	<del> </del>	□Add	
			□Remove
			□ Change

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Note:	ive date, if other than the date of filing:
e record rd is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	08-12-2022
Dated _	
Dated _	- Allin
Dated _	Signature of a member of a member  Day Danna  Typed or printed name of signary

Filing Fee: \$25.00