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T. MATTHEWS JAN 13 2022

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
eun ir <i>e</i> t				
SUBJECT:	_	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i an correspo	sidence concerning this matter	to the following.	
		Adam Jay		
			Name of Person	
	Seed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: Adam Jay Name of Person KAZ Services LLC Firm/Company 8220 Cinch Way Address Lake Worth, FL 33-467 City/State and Zip Code adam_jay@me.com E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: Name of Person Name of Person Area Code Daytime Telephone Number is a check for the following amount: O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			
			Firm/Company	
	Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Adam Jay Name of Person KAZ Services, LLC Firm/Company 8220 Cinch Way Address Lake Worth, FL 33-467 Chy/State and Zip Code adam_jay@me.com E-mail address: (to be used for future annual report notification) Inther information concerning this matter, please call: Day Name of Person Name of Person Area Code Daytime Telephone Number Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (radditional copy is enclosed)			
			Address	
	Lake Worth, FL 33-467			
	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Adam Jay Name of Person KAZ Services, LLC Finn/Company 8220 Cinch Way Address Lake Worth, FL 33-467 City/State and Zip Code adam_jay@me_com E-mail address: (to be used for biture annual report notification) formation concerning this matter, please call: Area Code Name of Person Area Code Daytime Telephone Number check for the following amount: thing Fee Certificate of Status Certified Copy (additional copy is enclosed) Ling Address: pistration Section Section Section Division of Corporations			
		E-mail address: (to be used for future annual report n	otification)
For further i	nformation c	concerning this matter, please c	all:	
Adam Jay			n. /	
	Name o	of Person	Area Code Days	time Telephone Number
17 . 1 d 1.	11. <i>C</i> 41	ha Callandar amana		
■ \$25.00 l	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	-			
	vision of C D. Box 632			•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAZ Services, LLC	223	PH 3: 51
(Name of the Limited Liability Company as it now appears on or	ir records.)	
(A Florida Limited Liability Company)		

	, Florida	Zip Code
New Registered Office Address.	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registered
(Maning address MAT BLATOST OFFICE BUA)		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Lake Worth, FL 33467	
Enter new mailing address, if applicable:	8220 Cinch Way	
(Principal office address MUST BE A STREET ADDRESS)	Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8220 Cinch Way Lake Worth, FL 33467 8220 Cinch Way Lake Worth, FL 33467 Fice address on our records, enter the name of the new regis	
ida document number 1.20000387876 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liable in the new name must be distinguishable and contain the words "Limited Liable in new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: Inding address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office in and/or the new registered office address here:	·	
The new name must be distinguishable and contain the words "Limited Liabil		bbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab		
This amendment is submitted to amend the following:		
Florida document number 1.20000387876		
The Articles of Organization for this Limited Liability Company	were filed on 12/11/2020	and assigned

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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Krystal Jay	8220 Cinch Way	__ _Add
		Lake Worth, FL 33467	□Remove
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			
			□Change
	-		
			□Remove
			□Remove
			⊡.Channa

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If an effec <u>Note:</u> II	edate, if other than the date of filing:	nt to 605,0207 t be listed as
e record rd is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
Dated _	12/27 2021	