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## **COVER LETTER**

Division of C			State of the state
Kuleana,			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The analogued Articles	of Amendment and fee(s) are sub	amitted for tiling	
		_	
riease return all corres	pondence concerning this matter	to the following:	
	Allie Litterer		
		Name of Person	
		Firm/Company	
	6540 Scenic Highway		
	· · · · · · · · · · · · · · · · · · ·	Address	<u> </u>
	Pensacola, FL 32504		
	kuleanainfo@protonmail.co	City/State and Zip Code	<del>, , , , , ,</del>
		to be used for future annual r	eport notification)
For further information	concerning this matter, please of	all:	
Allie Litterer		808 855	8070
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encla	Certificate of Status &
Mailing Addr		Street Ad	
Registration Division of	Section Corporations		tion Section of Corporations
DO Day 63			tra of Tallahagaa

P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuleana, LLC					
(Name of the Limited Lia (A Flo	bility Company rida Limited Lia	as it now appe pility Company	ars on our re	ecords.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number 1210014331		ere filed on _	4	24/21	and assigned
This amendment is submitted to amend the following	;;				
A. If amending name, enter the new name of the l	imited liabili	y company l	<u>here</u> :		
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the	designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:					<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)				202
	-	-	••		(42)
Enter new mailing address, if applicable:					28
(Mailing address MAY BE A POST OFFICE BOX)					
		·			
					, s
B. If amending the registered agent and/or registe agent and/or the new registered office address here		dress on our	records, <u>e</u>	nter the name	of the new registered
	<b>-</b> '				
Name of New Registered Agent:					
New Registered Office Address:					
<u> </u>		Enter Fl	lorida street a	ddress	
		Cin	<del></del>	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	City			г.ф соле
		4		16 46	and the second second
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete pe I agent as pro ered office ac	erfor <mark>mance</mark> o ovided for in	of my dutie Chapter 6	s, and I am fa 505, F.S. Or, i	miliar with and f this document is
	If Changi	ng Registered A	Agent, Signat	ure of New Regi	stered 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>	Address	Type of Action
AMBR	Michelle Rappaport	6540 Scenic Highway, Pensacola, FL 32504	□ Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
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fective date, if other than the date of filing:  (optional)  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 to:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records.  ecord 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 filed.  August 8  2023		
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MINIMA.		time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MUMA	August 8 2023	
Signature of a member or authorized representative of a member	(ANNIANIA	
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Filing Fee: \$25.00