6/22/2021

Division of Corporations

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To:

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Account Name : PARASEC Account Number : I20180000086

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	RLOPS@PARASEC.COM	

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit	Konyndyk LLC y Company as it now appears on our Limited Liability Company)	records,)
The Articles of Organization for this Limited Liability Co Florida document number 1.21000234492	, , ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	TAS 28
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N22 MID: 58
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our re ess here:	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	aktress
	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 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

Title	Name	Address	Type of Action
AMBR	SCHRADER C. HRISTA	2681 ROOSEVELT BOULEVARD APT 9306	Add
		CLEARWATER, FL 33760	⊠ Remove
			☐ Change
			D Add
•			🗆 Rетюче
			Change
			D Add
			Remove
			Change
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* To: 18506176383 From: 19165767036 Date: 06/22/21 Time: 7:39 AM Page: 05/05

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	(optional) filling or more than 90 days after filling.) Pursuant to 605.0207 (3)(b) atory filling requirements, this date will not be listed as the
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If the record 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 record is filed.

Dated	May 28 2021	
	Mittales	
	Signature of a member or authorized representative of a member	
	CHRISTA SCHRADER	

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