## KZI 000 237602

| (R                      | equestor's Name)     |                |
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| PICK-UP                 | WAIT                 | MAIL           |
|                         |                      |                |
| (B                      | usiness Entity Name  | e)             |
|                         |                      |                |
|                         | ocument Number)      |                |
| ,                       | ,                    |                |
| Certified Copies        | Cortificates         | of Status      |
| Certified Copies        | Certificates (       | or Status      |
|                         |                      |                |
| Special Instructions to | Filing Officer:      |                |
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2021 DEC 27 AN IO: 22 SECRITARY OF STATE

Office Use Only

## **COVER LETTER**

TO:

|   | KOLLECTI   | EDKATE LLC                       |                         |  |  |
|---|--|----------------------------------|-------------------------|--|--|
| SUBJECT:                                      |  |                                  | ited Liability Company  |  |  |
| SUBJECT:    Name of Limited Liability Company |  |                                  |                         |  |  |
| The enclose                                   | d Articles of  | A mandwant and fac(s) are sub    |                         |  |  |
|   |  |                                  | •                       |  |  |
| Please retur                                  | n all correspo   | ndence concerning this matter    | to the following:       |  |  |
|   |  | LOVETTE DOBSON                   |                         |  |  |
|   |  |                                  | Name of Person          |  |  |
|   |  | INCFILE.COM LLC                  |                         |  |  |
|   |  |                                  | Firm/Company            |  |  |
|   |  | 17350 STATE HWY 249 S            | STE 220                 |  |  |
|   |  |                                  | Address                 |  |  |
|   |  | HOUSTON, TX 77064                |                         |  |  |
|   |  |                                  | City/State and Zip Code |  |  |
|   |  |                                  |                         |  |  |
| F 4 1 .                                       |  |                                  |                         | report notification  | 1)   |
| For further i                                 | information co   | oncerning this matter, please ca | all:                    |  |  |
| LOVETTE                                       | DOBSON   |                                  |                         | 2-3453   |  |
|   | Name of  | Person                           |                         | Daytime Telep  | phone Number   |
| Enclosed is                                   | a check for th   | e following amount:              |                         |  |  |
| <b>■</b> \$25.00 l                            | Filing Fee   | <del>-</del>                     |                         |  | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Re<br>Di<br>P.0                               | diling Address<br>gistration S<br>vision of Co<br>D. Box 632<br>llahassee, F | section<br>orporations<br>7      | Divisio<br>The Ce       | ddress:<br>ration Section<br>on of Corporat<br>entre of Tallah<br>J. Monroe Stre | assee  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2021 DEC 27 AM 10: 22

| KOLLECTI  | EDKATE LLC   |                           |
|---|--|---------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | inv as it now appears on one records:)  Liability Company) IALLA | TUT STATE<br>ASSEE, FL    |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000237602</u> .     | were filed on  | and assigned              |
| This amendment is submitted to amend the following:   |  |                           |
| A. If amending name, enter the new name of the limited liab   | pility company here:   |                           |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or                          | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 1630 Nw 8th Ave  |                           |
| (Principal office address MUST BE A STREET ADDRESS)   | Fort Lauderdale, FL 33311  |                           |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              | Fort Lauderdale, FL 33311  |                           |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the                                | name of the new register  |
| Name of New Registered Agent:   |  | <del>.</del>              |
| New Registered Office Address:  | Enter Florida street address                                     |                           |
| <del></del>   | , Florid   |                           |
|   | 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

| <u>Title</u> | <u>Name</u>   | Address                   | Type of Action |
|--------------|---------------|---------------------------|----------------|
| AMBR         | Niakate Louis | 1630 Nw 8th Ave           | □Add           |
|              |               | Fort Lauderdale, FL 33311 | □Remove        |
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| ffective date, if other that an effective date is listed, the delete:  If the date inserted in ocument's effective date on | this block does no   | t meet the applic   | able statutory fili | nore than 90 days a | otional)<br>fler filing.) Pursuant<br>this date will not b | to 605.020<br>se listed as |
| record specifies a delayed e<br>l is filed.  | ffective date, but 1 | not an effective ti | me, at 12:01 a.m    | on the earlier of:  | (b) The 90th day   | y after the                |
| December 21  |                      |                     |                     |                     |  |                            |
| -a · 1   | 4                    | ,                   |                     |                     |  |                            |
| Nisk   | Signature o          | f a member or auth- | orized representati | ve of a member      |  | _                          |

Filing Fee: \$25.00