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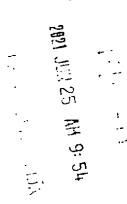
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Kaiser Seal	, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mellany Killian		
		Name of Person	
	Kaiser Seal, LLC		
		Firm/Company	
	PO Box 212847		
	•	Address	<del> </del>
	Royal Palm Beach, FL 344	21	
	··	City/State and Zip Code	
	kaisersealinc@gmail.com		
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please co	all;	
Mellany Killian		561 671-8943	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (acditional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	7	The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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
CEO	Scott Killian	9070 Winterhaven Circle	□Add
		Wellington, FL. 33411	■Remove
			□ Change
CEO	Mellany Killian	9070 Winterhaven Circle	<b>≣</b> Add
		Wellington, FL. 33411	□ Remove
			∐Change
			□Remove
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06	6/22/21					
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be	prior to d				tiling.) Pursu	
e: If the date inserted in this block does not meet the a ument's effective date on the Department of State's rec		e statutory	filing requi	rements, thi	s date will no	ot be listed:
· ·						
cord specifies a delayed effective date, but not an effects stilled.	ive time,	, at 12:01 a	.m. on the	earlier of: (b	) The 90th	day after th
June 22nd of 2021	,					
	14	M :-	_			
Signature of a member of	L/L/DAV/1.	1 - 1				

Filing Fee: \$25.00