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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IBRAHIM LAW, P.A.

Account Number : I20160000084 : (954)438-8393 Phone

Fax Number

: (954)438-6540

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KARS LLC

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COVER LETTER

Division of Co	rporations		
SUBJECT:	KARS LLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Picase return all correspondent	ondence concerning this matter	r to the following:	
	Odalys Ib	rahim, Esquire	
		Name of Person	
	lbrahim l	Law, P.A.	
		Firm/Company	
	11200 P	ines Blvd, SUITE 20	0
		Address	1 T
	PEMBE	ROKE PINES FL 330	126
		City/State and Zip Code	
	oibrahim@	Dibrahimlawpa.com	
For further information of	E-mail address: (concerning this matter, please c	(to be used for future annual re	eport notification)
Odalya Ibrahi	Familia		27 8222
Odalys Ibrahi	m, Esquire	at (<u>305</u>) 5	27-6332 Daytime Telephone Number
		11100 0000	Daysine receptotte (runted
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres Registration S	_	<u>Street Add</u> Registrat	tress: ion Section
Division of C			of Corporations
P.O. Box 632		The Cent	tre of Tallahassee
Tallahassee, i	CL 32314	7415 N	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARS LLC
(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 6/14/2021 and assigned Florida document number L21000275980
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
KARS MORA LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code New Registered Apant's Signature if changing Designand Apant.
New Registered Agent's Signature, if changing Registered Agent: Thereby 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.

tf 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>	Name	Address	Type of Action
			□Add
			□Change
			□Add
			□ Remove
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record specifies a delayed effective date, b	out not an effective time, at 12:01	l a.m. on the earlier of: (b)	The 90th day ent th
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