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COVER LETTER

TO: Registration Se Division of Cor			
i	Katt and LL	ſ	
SUBJECT:		ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fec(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Anche	_a_tummings	
	Gu	mmineyy Lew	<u> </u>
		Firm/Company	
	4623 NW 5	Sard ave, Suit	e4
	Gaunesvil	10, FL 32653	
	CUN CINCO (E-mail address: ()	City/State and Zip Code City/State and Zip Code Commungy 1 o be used for future annual report noti	Tication)
For further information c	concerning this matter, please ca		
Anchea		ar (32) 5197	して
Name o	n' Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	<i>)</i>	The Centre of 1	rananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ka	Hana	LLC			
		nv as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>LZ 100078</u> 5		were filed on(17/202	and assi	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liab	ility company here:			
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	lity Company," the design	ation "LLC" or the	abbreviation "L.I	c."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0.V</u>				
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our recor	ds, <u>enter the na</u>	me of the new	registered
Name of New Registered Agent:	Ang	A. Oiciz	Jar am	dlo =	
New Registered Office Address:	4623	NW 5300	V We	suit &	
	Game	SVIII		37.65 Zip Code	3

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>	Name	Address	Type of Action
			∐Add
			Remove
			□Remove
			□Change
			□Add
			□Remove
			Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	tate, if other than the date of filing:
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 76, 2071.
-	ANA DIM Signature of a member or authorized representative of a member
	Ana A. Dicz Juramillo Typed or printed name of signee