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(Requestor's Name)
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COVER LETTER

TO:		tration Sec on of Corp			
CUDIE		allini's Pro	perty Management LLC		
SUBJE	L1: _		Name of Lim	nited Liability Company	
The encl	losed A	articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn a	ll correspor	ndence concerning this matter	to the following:	
			Vidya Lurkhur-Ramdin		
				Name of Person	
			Kallini's Property Manager	ment LLC	
	Firm/Company			Firm/Company	
			6031 NW 4th Ave		
	Address			Address	
	Boca Raton, Florida 33487			7	
	City/State and Zip Code				
			Vidya.lramdin@gmail.com		
T 6 4		.•		(to be used for future annual report notification)	2021 SEP 24
ror turt	ner inte	rmation co	ncerning this matter, please co	rait:	T
Vidya L	urkhur	-Ramdin		201 702 -5156 at ()	. L 5
		Name of	Person	Area Code Daytime Telephone Number	10.7
Enclosed	d is a c	heck for the	e following amount:	i	: 32
■ \$25	.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy)	Status & y
		ng Address		Street Address:	
	_	stration S		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee	
			L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kallini's Property Management LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Compan	y were filed on 08/27/2021	and assigned
orida document number L21000384518		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		78 2
nter new mailing address, if applicable:		(1) Signal
failing address MAY BE A POST OFFICE BOX)		- I have
		25
If amending the registered agent and/or registered office ent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	ie name of the new regis
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 Age	
TO CHANGING MCKISTER ARCHE STRUKTURE OF MEM MCKISTERED AGE	:nt

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
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
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Title MRGRAMDIN, KELVIN - Owns 19%			
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ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory filent's effective date on the Department of State's records.	(option r more than 90 days after fil ling requirements, this d	ing.) Pursu	ant to 605 of be list
ed specifies a delayed effective date, but not an effective time, at 12:01 a.r led.	m. on the earlier of: (b)	The 90th	day afte
Vidya hurkh - A Signature of a pember or authorized representat			