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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJEC	KIMOSAB	E, LLC					
SUBJEC	-1:	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		BRIAN EASTMAN					
	Name of Person SAFEGUARD ADVISORS, LLC Firm/Company PO BOX 2050						
		SAFEGUARD ADVISOR	S, LLC	for filing. following: Name of Person C Firm/Company Address //State and Zip Code M sed for future annual report notification) at (
		······································	Firm/Company				
		PO BOX 2050					
			Address	 			
		WENATCHEE, WA 9880\7					
		NEWACCOUNTS@IRA12	City/State and Zip Code 23,COM				
		=		cation)			
For furth	er information c	oncerning this matter, please ca	all:				
BRIAN	EASTMAN						
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy			
	Mailing Address Registration S		Street Address: Registration Sect	iion			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIMOSABE, 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 $\frac{09/21/2021}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KIMOSABE VENTURES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

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.

City

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
			□Add
			□ Remove
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€ffecti	ive date, if other than the ϵ	ate of filin	ισ•			(ontic	nnal)	
Note:	ive date, if other than the offective date is listed, the date must. If the date inserted in this bloment's effective date on the De	ek does not r	meet the app	olicable statu	filing or more the tory filing rec	nan 90 days after puirements, this	filing.) Pursuant date will not b	to 605.0207 (e listed as t
e recor rd is fil	rd specifies a delayed effective led.	date, but no	t an effectiv	e time, at 12	:01 a.m. on th	e earlier of: (b) The 90th day	after the
Dated	SEPTEMBER 24TH		2021	·				
		/ //						
	3	ignature of a	member or a	uthorized rese	esentative of a	member		_

 $(\mathbf{x}_{k+1}, \dots, \mathbf{x}_{k+1})$

Filing Fee: \$25.00