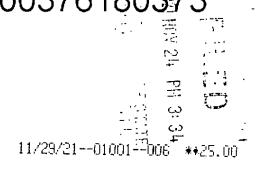
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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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COVER LETTER

TO: Registration Se Division of Cor				
subject: <u>Қа</u>	Tant Enter	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	natted for filing.		~)
Please return all correspo	indence concerning this matter	to the following:		1120 SEC
		Mame of Person FirmyCompany	ic	2021 NOV 24 PH 3: 34 SEPRETARY OF STATE
	P.O. BOX	743		
For further information	concerning this matter, please co		risc. wm	
Name	of Person	at (<u>305)</u> 49 (Area Code Daytin	ne Telephone Number	
Enclosed is a check for \$25.00 Filing Fee	he following amount: ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARANT ENTERPRISE, 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 11/10/2021 and assured
Florida document number <u>L21000485289</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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: 2200 NW Corporate Blud.
(Principal office address MUST BE A STREET ADDRESS) Suite 407 ROCA RATON, FL 33431
Enter new mailing address, if applicable: Karant Enterprise LV
(Mailing address MAY BE A POST OFFICE BOX) P. 0. Box 74.3
Tavahassee, FL 32302
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: 2200 NW Corporate Blvd, Suite 44 Enter Florida street address
Poca Raton, Florida 33431 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.

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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

Title	<u>Name</u>	Address	Type of Action
NGR	Lee Danessons	22000 NW Corporati	c Blyd.
	Suite 407	□Remove	
		2200 NW Corporation Suite 407 Boca Raton, FL 331	131 Te hange
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(If an ell Note:	we date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	11/24/2021
	Signature of a member of authorized representative of a member
	Lee Daness w

Filing Fee: \$25.00