000498607

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Sec Division of Corp | | <i>:</i> · | · |
|--|---|--|--|
| SUBJECT: | ipsuved Limit | ted Liability Company | |
| The enclosed Articles of . | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | Kier K K | 2iley | |
| | Kapsured | Name of Person LLC Firm/Company | |
| | 3148 Dick | WI GON BIVA | Apt: 2112 |
| - | Tallanasse | City State and Zip Code | (|
| | Y Neykier 8 (e. E-mail address: (1 | Pamail.com | ication) |
| For further information of Kler K. K. Name o | oncerning this matter, please ca | at 561, 379 | 5140 : Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| S25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fitting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kapsured LLC | , | |
|---|---|----------------------------|
| (Name of the Limited Liability Con (A Florida Limite | mpany as it now appears on our records.) red Liability Company) | |
| The Articles of Organization for this Limited Liability Compa Florida document number 21000498607. | any were filed on <u>II/19/20</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | iability company here: | |
| The new name must be distinguishable and contain the words "Limited Li | iability Company," the designation "LLC" or th | e abbreyiation "L.C" |
| Enter new principal offices address, if applicable: | | 121 D |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | PEC 2 |
| | | 0 |
| Enter new mailing address, if applicable: | | PA (U |
| Mailing address MAY BE A POST OFFICE BOX) | | 55 |
| B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here: | ce address on our records, enter the n | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | · |
| | , Florida | 1 |
| | 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 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 |
|--------------|--------------|--------------------|----------------|
| MBR | Kier K Riley | 234 N Monroe St. | □Add |
| | 1 | #1177 | □Remove |
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| ective : | date, if other than the date of filing: (optional) | |
| <u>te:</u> If th | re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list as effective date on the Department of State's records. | |
| s 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 | er the |
| ted | December 12 2021. Complex of a member of authorized representative of a member Violet Wilder Wilder Violet Violet | |
| | Ker K. filos | |
| | Signature of a member or authorized representative of a member | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00