Florida Department of State Privision of Compraions Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:			24 p
	Division of Co	rporations	AH OV
	Fax Number	: (850)617-6383	7> ₹'
		,	26 (SS)
From:			mi-s
	Account Name	: LEGALZOOM.COM INC.	
	Account Number	: 120010000062	·
2.	Phone	: (323)962-8600	<u> </u>
55.55 55.55	Fax Number	: (323)389-0502	異語り
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inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KITCHEN SAFETY COMPANY LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

K. SALY

NOV-2-6-2024

Electronic Filing Menu

Corporate Filing Menu

Help

From: Rajiv Srivastav

TO:

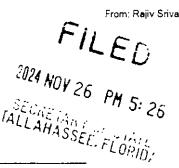
Registration Section

COVER LETTER

Division	ofCor	porations		
KIT	CHEN.	SAFETY COMPANY LLC		
SUBJECT:	Name of Limited Liability Company			
778	al a de	•		
		Amendment and Tee(s) are sub-		
Please return all co	orrespo	ndence concerning this matter	to the following:	
		Mike Town		
			Name of Person	/
		Legalzoom com, Inc.		
			Firm Company	
		9900 Spectrum Dr		
			Address	<u></u>
		Austin, TX 78717		
		0	City/State and Zip Code	
		Jummegune@gmail.com	o be used for future annual report not	(lication)
For further inform	ation ci	oncerning this matter, please ca		(incarion)
Mike Town			800 773-0888	
	Name of	Person	at ()	ne Telephone Number
Enclosed is a chec	k for th	e following amount:		
□ \$25 00 Filing	Fee	☐ \$30 00 Filing Fee & Certificate of Status	S\$\$.00 Filing 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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on mations enter Circle	

Τa.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



KITCHEN SAFETY COMPANY LLC

	-	
(Name of the Line	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number 1.21000507813	iability Company were filed on 11/3	0/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
Shelt Road Massive LLC		
The new name must be distinguishable and comain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on	our records, enter the name of the m
egistered agent announcement wite gistered t	and address note.	
Name of New Registered Agent:	United States Corporation Agents, I	nc.
New Registered Office Address:	476 Riverside Ave	
	Enter Floria	a street address
	Jacksonville	, Florida <u>32202</u>
	Ciņ	Zip Crick
New Registered Agent's Signature, if changing	Registered Agent:	
the market and an extraction and a section of	of agout and survey to get in this ex	pacity. I further agree to comply with ti

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.

/S/ Erik Treutlein

If Changing Registered Agent, Signature of New Registered Agent

To:

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

From: Rajív Srivastav

☐ Change

AMBR = .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			口 Ghange
			SO Remuse
			Gehange ALL ARREST Remuse STEFF Change Change Change
<u></u>			
			П Remove
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To:

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Note: If the date inserted in this	te date of filing: ust be specific and cannot be prior to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, this Department of State's records.	filing.) Pursuant to 505 0207 (3)(
the record specifies a delay) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a cord is filed.	i.m. on the earlier of:
Dated	2024	
/S/ James McGu	ire	
	Signature of a member or authorized representative of a member	
James McGuire		
	Typed or printed name of signee	

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Filing Fee: \$25.00