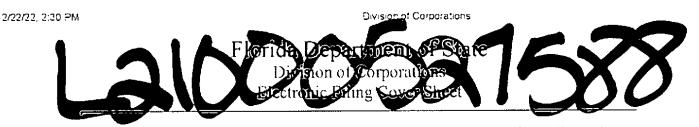
To: 18906276383 From: 19165767036 Date: 02/27/22 Time: 7:02 PM Page: 02/05



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(((H22000069313 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

-	
-	**Enter the email address for this business entity to be used for future
≘	annual report mailings. Enter only one email address please.**
<u> </u>	Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K G A MULITSERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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HelpT. LEMIEUX MAR 01 ZULL To: 18506176393 From: 19165767036 Date: 02/27/22 Time: 7:02 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K G A Mulitservices LLC		es an our records.)	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	13 (11 (13 15 15 15 15 15 15 15 15 15 15 15 15 15	
The Articles of Organization for this Limited Liability Compan			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company b	ere:	
			The state of the s
Aaron Multi Service LLC The new name must be distinguishable and contain the words "Limited Lia	bility Company," the	designation "LLC" or the	ne appreviation (L.D.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 offic agent and/or the new registered office address here:	ce address on our	records, enter the	name of the new registe
Name of New Registered Agent:			, , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	Enter F	lorida street address	
		Florid	I-a
<u></u> , <u></u>	City	, Florid	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.

To: 18506176383 From: 19165767036 Date: 02/27/22 Time: 7:02 PM Page: 04/05

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

;q ar

<u>Fitle</u>	Name	Address	Type of Action
			□Remove
			Change
			□Add
			☐Add
			□Remove
			IChange
			□Add
			□Remove
			TChange
,			
			□Remove
			TChange
			GAdd
			□Remove
			Change

To: 18506176383 From: 19165767036 Date: 02/27/22 Time: 7:02 PM Page: 05/05

, <u>.</u>	
Note: li	the date, if other than the date of filing:
e record d is filed	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
Dated _	Signature of a member of authorized representative of a member
	JUZW A A row Gowzzlez Typed or printed name of signee

Filing Fee: \$25.00