122000028935

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A. **BUTLER** FEB - 9 2022

COVER LETTER

то:	Registration Sec Division of Corp						
KYLAN, LLC							
SUBJECT: Name of Limited Liability Company							
The enc	losed Articles of a	Amendment and fee(s) are subn	titted for filing.				
Please r	eturn all correspor	idence concerning this matter t	o the following:				
		Dylan P Shaver					
			Name of Person				
Firm Company							
107 COVERIDGE LANE							
Address LONGWOOD, FL 32779							
		CONCONCIONAL DE SERVICIO	City-State and Zip Code				
		dshaver101(a gmail.com					
		E-mail address: ()	o be used for future annual repor	t notification)			
For fur	ther information c	oncerning this matter, please co	dl:				
Dylan P Shaver		321 662395 at ()					
	Name o	f Person	Area Code D	aytime Telephone Number			
Enclose	ed is a check for t	ne following amount:					
≡ \$2	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centro					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KYLAN, LLC	· ·
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ned Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000028935</u> .	any were filed on $\frac{01/13/2022}{2}$ and assigned
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 I	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	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new re</u> s
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, FloridaZip Code
	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>	Name	Address	Type of Action
AMBR	Shaver, Dylan P	107 COVERIDGE LANE	= Add
		Longwood, FL 3779	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			\ \ \ \ \
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: __ (If an effective 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ____ 2022 ignorate of a member of authorized representative of a member Dylan P Shaver Typed or printed name of signee