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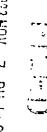
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TQ:

Tallahassee, FL 32314

	Registration Se Division of Cor					
end iev		Kiwi Global Therapy LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company	-		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		Gideon Kimbrell				
	Name of Person					
		Syragon				
	Firm/Company		Firm/Company	_		
	401 E Las Olas Blvd, Ste 130417					
			Address	_		
		Fort Lauderdale, FL 33301				
			City/State and Zip Code	_		
		tech@kiwiglobal.biz				
		E-mail address: (o be used for future annual report notification)	ABOUT THE SECOND		
For further	er information c	oncerning this matter, please ca	all:			
Gideon k	Kimbrell		561 3863720 at ()	P. C.		
	Name o	of Person	Area Code Daytime Telephone Numb	er Parco 5.		
Enclosed	is a check for th	he following amount:				
\$25.0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy cal copy is enclosed)		
	Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassec			
P.O. Box 6327			i ne Centre of Talianassec			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kiwi Global Therapy LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	· · · · · ·
The Articles of Organization for this Limited Liability	Company were filed on Jan 21, 2022	and assigned
Florida document number <u>L.22000040642</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	Fr. 9.
<u> </u>		
		2. 2
Enter new mailing address, if applicable:		D. P. F.
(Mailing address MAY BE A POST OFFICE BOX)		F 8
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kiwi Global LLC	401 E Las Olas Blvd, Ste 130417 Fort Lauderdale, FL 33301	≘Add
			□Remove
		 	Change
AMBR	Syragon LLC	401 E Las Olas Blvd, Ste 130417 Fort Lauderdale, FL 33301	□Add
			■ Remove
<u></u>			DAGE TO THE PERSON OF THE PERS
			□ Add □ Remove
			□Add
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offective date is listed, the date must be speci- e: If the date inserted in this block does	fic and cannot be prior to date of filing or	more than 90 days after filing.) Pure	
iment's effective date on the Departmen		ing requirements, this date will	not be listed a
ord specifies a delayed effective date, but	ut not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th	th day after th
filed.			
Nov 1st	2022		
ed			
$\sim$			
Signature	of a member or authorized representative	ve of a member	<del></del>
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