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COVER LETTER

TO:	Registration Sec Division of Corp			
oun le		om Fireworks LLC		
SUBJEC	JI: <u></u>	Name of Lin	nited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Derrick Bostick		
			Name of Person	
		KDT Kaboom Fireworks.	LLC	
			Firm/Company	
		2331 NE 42nd Street		
			Address	· · · · · · · · · · · · · · · · · · ·
		Ocala, FL 34479		
			City/State and Zip Code	
		derrickebostick@yahoo.co		
		E-mail address:	(to be used for future annual report not	tification)
For furth	er information ec	oncerning this matter, please o	all:	
Kayla G	rimsley		352 812-8447	
. -	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	Lis a check for th	e following amount:		
	00 Filing Fee	☐ \$30,00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
= 01 2.	W. Time Tee	Cortificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	_	<u>Street Address:</u> Registration Se	ection
	Division of Co	orporations	Division of Co	rporations
	P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
	Tallahassee, F	L 32314	Tailahassee, Fl	
		i		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KDT Kaboom Fireworks, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2/22/2022}{2}$ and assigned Florida document number L22000084608 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 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Derrick Bostick Name of New Registered Agent: 2331 NE 42nd Street New Registered Offide Address: Enter Florida street address Ocala Cirv

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	e, name, ai	nd address o	f each	person	being	added
or removed from our records:									

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	Kayla Grimsley	2331 NE 42nd Street, Ocala, FL 344	79 ■ Add
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			⊒Add
			∐Remove
			☐ Change
			
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]Change
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			Change
			Remove

if amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
	0.1.5.2022
Effective date, if other than fan effective date is listed, the date	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in thi	block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
record specifies a delayed effe d is filed.	drive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Dctoben	Signature of a member or authorized representative of a member
Konno	Beeth
Derni	1
Derri	13.05ta.K