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.

(((H23000012598 3)))



H230000125983ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter 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 KRAKEN SECURITY GROUP 7 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO 'ARTICLES OF ORGANIZATION OF

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company has been notified in writing of this change.

Kraken Security Group 7 LLC						
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000120731</u> .		and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	llity Company," the designation "LLC" or the abb	reviation "L.L.C."				
Enter new principal offices address, if applicable:	1158 Pacetti St					
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FI 32206					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST_OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new register				
Name of Nam Dagistanad Agants						
Name of New Registered Agent: New Registered Office Address:	T.	2023				
	Enter Florida street address					
	, Florida	. Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	milia xiv ith and f this document is				

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>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan K Lewis	1158 Pacetti St	ZAdd
		Jacksonville, Fl 32206	□Remove
			□Change
AMBR	Winifred Danso Agyemang	1158 Pacetti St	☑ Add
		Jacksonville, FI 32206	□Remove
			©Change
		 	🗆 Add
			□Remove
		(□Change	
			□Add
			[]Remove
			□Change
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			□Change

									
									
									
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If an effective of Note: If the	ate is listed, the date inserted in	nan the date of date must be spen this block doon the Departme	cific and ca es not med	annot be prior t et the applica	to date of fili	ng or mor <mark>e</mark> that	n 90 days after	filing.) Persuan	
e record spec rd is filed.	fies a delayed	effective date,	but not ar	i effective tir	ne, at 12:0	La.m. on the	carlier of: (b)) The 90th da	iy after the
_{Dated} Jani	ary 10			2023 ~ K					
		Journa	the	n k	Len	روت.			
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Filing Fee: \$25.00