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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I2014000082 Phone : (305)644-9144 Fax Number : (786)477-5802

**Enter the email address for this business entity to be used for this annual report mailings. Enter only one email address please.

Email Address: darwin@aslantaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAMI DOS PROPERTIES, LLC

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COVER LETTER

	tration Section ion of Corporations	•	÷ ₹.
erin irow.	KAMI DOS PROPERTIES, L	.LC	
SUBJECT: _		ited Liability Company	
The enclosed /	Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return a	Il correspondence concerning this matter	to the following:	
		ARWIN SANCHEZ	
		Name of Person	
	AS	LAN TAX SERVICES INC.	
		Firm/Company	
	1770 W FLAGL	ER ST STE 4	
		Address	
	MIAMI, FLORID.		
	4	City/State and Zip Code	
		ANTAXSERVICE.COM (to be used for future annual report notifi	cation)
For further inf	Formation concerning this matter, please to		
	DARWIN SANCHEZ	at (305) 644-91	44
	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the following amount:		
⊠ \$ 25.00 Fi	ling Fee \$\triangle \text{S30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy {additional copy is enclosed
	ing Address:	Street Address:	tion
	istration Section ision of Corporations	Registration Sec Division of Corp	
P.O	. Box 6327	The Centre of T	allahassec
Tall	ahassee, FL 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ROPERTIES, LLC		
(Name of the Limited	I Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document numberL22000121935	bility Company were filed on	03/14/2022	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the c	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	(ADDRESS)		
Trincipal office address Stort Busing Process			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE E</u> B. If amending the registered agent and/or re	gistered office address on our 1	records, enter the nam	e of the new regis
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE E</u> B. If amending the registered agent and/or re	gistered office address on our 1	records, enter the nam	e of the new regis
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or regent and/or the new registered office address	gistered office address on our to shere: ASLAN AFF 1770 W FLAGLER ST	ILIATES LLC	e of the new regis
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or registered address Name of New Registered Agent:	gistered office address on our to shere: ASLAN AFF 1770 W FLAGLER ST	ILIATES LLC	e of the new regis

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.

CONSUELO SANCHEZ

If Changing Registered Agent, Signature of Sen 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

Title	Name	Address	Type of Action
AMBR	MIGUEL A. MILLAN NARANJO	1770 W FLAGLER STREET, STE 5	
		MIAMI , FLORIDA 33135	□Remove
			Z Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
			Change

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<u> kote:</u> 1	ctive date, if other than the date of filing: (optional) ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
Lis fik	
ated_	06/14 (June 14) 10001.
	Signature of a member of authorized representative of a member
	Miguel Hour Millon Jacobyo Typed or printed name of signee

Filing Fee: \$25.00