Florida Department

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.

(((H220001266343)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : QUARLES & BRADY LLP

Account Number : 120000000067 : (239)434-4922 Fax Number : (239)213-5452

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

| Emall | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KSK YOLO, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

HZZ0001232783

TO: Registration Section Division of Corporations

KSK YOLO

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| | Wanda Giansanti |
|-------------------------|--|
| | Name of Person |
| | Quarles & Brady |
| | Firm/Company |
| | 1395 Panther Lane |
| | Address |
| | Naples, FL 34109 |
| | City/State and Zip Code |
| | wanda.giansanti@quarles.com |
| | E-mail address: (to be used for future annual report notification) |
| For further information | n concerning this matter, please call; |
| Wanda Giansanti | 220 |

Enclosed is a check for the following amount:

Name of Person

☐ \$25.00 Filing Fee

Wanda Giansanti

☐ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

Daytime Telephone Number

2394344999

AKTICLES OF AMENDMENT

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ARTICLES OF ORGANIZATION OF

| KSK YOLO | |
|--|---------------------------------|
| (Name of the Limited Liability Company as it now appears on our reco | irds.) |
| The Articles of Organization for this Limited Liability Company were filed on April 1. | |
| Florida document number L22000133690 | and assigned |
| Frontida document intimber 32200133090 | |
| 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 "LL | |
| End and Chapter Company, the designation "LL | C" 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) | |
| | |
| | |
| 8. If amending the registered areas | |
| B. If amending the registered agent and/or registered office address on our records, enter egent and/or the new registered office address here: | the name of the new registered |
| and the state of t | 2022 |
| Name - Chi D | |
| Name of New Registered Agent: | APR AF |
| New Registered Office Address: | - 5 EX |
| Enter Florida street address | A 0/2 |
| 911 1 | |
| City | rida Zip Cnāc |
| ew Registered Agent's Signature, if changing Registered Agent. | " wh cutt |

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

01/26/2009 14:33 2394344999 QUARLES & BRADY PAGE 04/07

or removed from our records:

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Note: if | date, if other than the date of filing: ve 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)(3) is effective date on the Department of State's records. |
| the record sp cord is filed. | ectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | April 5 , 2022 |
| | David W. Morrison Esq |
| | Signature of a member or authorized representative of a member |
| • | Typed or printed name of signee |

Filing Fee: \$25.00

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