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To	王

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEROLINA LLC

Certificate of Status	0
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12/27/2023 17:07:39 PST

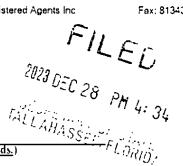
To: 18506176383

Page: 2/4

From: Registered Agents Inc.

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



KEROLINA LLC

(11 Toron Chillian	Heability Company)	" GRIO,
The Articles of Organization for this Limited Liability Compan	y were filed on 04/11/22	and assigned
Florida document number L22000173410		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pitity 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)		
Fatan ann multim address if applicable.		
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:	e address on our records, enter the	name of the new register
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
		la

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.

12/27/2023 17:07:39 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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>	Name	<u>Address</u>	Type of Action
AMBR	ZORNOW, OLAF	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	ØRemove
			DChange
AMBR	SPLETH. SYLVIA	7901 4TH ST N STE 300	ZiAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Add
			□Remove Change Change
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			F ORemove C
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

D. If am	nending any	other	information, enter cha	nge(s) here: (Attach ada	litional sheets, if necessary.)	
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(If an e Note:	ffective date is f the date	listed, thinserted	in this block does not me	annot be prior to date of filing of the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 60 illing requirements, this date will not be lis)5.0207 (3)(b) sted as the
docui	ment's effect	ive date	on the Department of Sta	te's records.		
If the reco	•	a delaye	d effective date, but not a	n effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day aft	er the

Filing Fee: \$25.00

Nat Smith
Typed or printed name of signee

Signature of a number or authorized representative of a member