## KZZ COC 175953

(Re	questor's Name	)
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Certified Copies	Certificate	es of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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2022 HAY 27 PM 10: 05

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT: Ne	W capation m	enia	
<u>-</u>		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
		AVIN JAN KAANN Nume of Person	
		NEW CREATEN Medi	A
		S. Ridgelake ev.	
		da qwaldy, PL 327,	
		nkane anail.com to be used for future annual report not	
For further information c	oncerning this matter, please c	all:	
O AVIA Name o	Ven KAAM	at ( <u>407</u> ) <u>25 2</u> Area Code Daytin	2 - 4240 ne Telephone Number
inclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$\times \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	-	Division of Con	rporations
P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	ZUZZ MAY 27 PM 10: 05
(Name of the Limited Liability Com	ipany as it now appears on our records.) ad I jability Company)
	TALLAHASSEF, FI
The Articles of Organization for this Limited Liability Compar	ny were filed on 4/12/22 and assigned
Florida document number <u>L22000175 983</u> .	, , ,
This amendment is submitted to amend the following:	~
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ibility 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)	
(majang agaress MAT BE AT UST OFFICE BUX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
- <del></del>	Cuy Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:

recw Registered Agent's Signature, it 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 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
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		Longwon, A 32750	XRemove
			— □Change
MGR	JAUPH VAN KAAM	1328 5 RidgelAle cir.	<b>X</b> iAdd
		Ungwon, Pl 32750	□Remove
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in effective date is li o <mark>te:</mark> If the date in	serted in this block do	secific and cannot be pric	icable statutory filing re	(optional) than 90 days after filing.) Pursu quirements, this date will n	uant to 605.0207 of be listed as t
ecord specifies a c is filed.	delayed effective date	, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
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