11/5/2024 10:42:20 PCT To 18506176383 Page: 1/4 Fax: 8134365206

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

Èmail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CLOUHD LLC**

Certificate of Status	0
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K. SALY

NOV - 5 2024

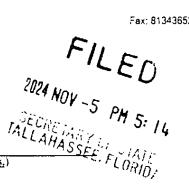
Electronic Filing Menu

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Help

11/5/2024 10 42:20 PST To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Clouhd LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 06/22/22 and assigned			
Florida document number L22000283965	were med on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
KCTAE LLC				
The new name must be distinguishable and contain the words "Limited Liabi				
Enter new principal offices address, if applicable:	1505 Fort Clarke BLVD APT 7208			
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32606			
	1505 Fort Clarke BLVD APT 7208			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32606			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			
	. Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
l 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 pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

11/5/2024 10:42:20 PST To: 18506176383 Page: 3/4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax: 81343652

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kam, Rebecca	8707 North Linda Court	□Add
		Tampa, FL 33604	∑ Remove
			□Change
AMBR	Se Yong Kim	7541 S Mingo Rd Apt 13114	⊠Add
		Tulsa, OK 74133	□Remove
			□Change
			□Add
			Remove
			□Change
			TALLAHASSEL. PLORIDA
			□Remove
			Change
			∐Add
			□ Remove
			□ Channa

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Effective date, if o	other than the date	of filing:		(optional)	
If`an effective date is li	sted, the date must be sp screed in this block do	ecific and cannot be p		g or more than 90 days	after filing.) Pursuant (
	e date on the Departn			8		
e record specifies a rd is filed.	delayed effective date	, but not an effectiv	re time, at 12:01 :	a.m. on the earlier of	of: (b) The 90th day	y after the
Dated Novemb	er 5th	2024	 •			
		P. J.	<i>y</i>			
	Signa	ure of a member or a	uthorized represen	native of a member		
Dah	in Jones					
KOD	111 201162	Tunad as s	rinted name of sign	nau		

Filing Fee: \$25.00