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.

(((H220002689153)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 : (800)342-9856 Fax Number : (800)354-3381

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KLS GROUP LLC

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SSOS 01 9NA T. LEMIEUX

No. 3553 P. 2

ARTICLES OF ORGANIZATION OF

| KLS GROUP LLC | |
|--|---|
| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp | appears on our records.) pany) |
| The Articles of Organization for this Limited Liability Company were filed o Florida document number L22000286142 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compan | nny here: |
| The new name must be distinguishable and contain the words "Limited Liability 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) | |
| | |
| B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here: | our records, enter the name of the new registere |
| Name of New Registered Agent: | 2022 FAI |
| New Registered Office Address: | AUG |
| Ente | ter Florida street address |

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.

New Registered Agent's Signature, if changing Registered Agent:

Cin

If Changing Registered Agent, Signature of New Registered Agent

(H220100268915 3)

If a AUE: 9, 2022, 1:37PM LIGEALD WEINSERG TO TIDE No. 3553 F. 3 Weinser 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 |
|--------------|----------------|---------------------------------|----------------|
| AMBR | LAURA M. SMITH | 516 S. DIXIE HIGHWAY, SUITE 325 | ≣ Add |
| | | WEST PALM BEACH, FL 33401 | □Remove |
| | | | |
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| | | | □Remove |
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| (If an effective of Note: If the | optional) 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed affective date on the Department of State's records. |
| the record spec cord is filed. | ifies 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 | 8/8/2022 |
| | Signature of a member or authorized representative of a member |
| | KEVIN SMOTH |

Filing Fee: \$25.00