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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #1
<u></u>	WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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N. Saws

COVER LETTER

TO: Registration Se Division of Cor		,	•
Kaiju Capit	al LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kyle J. Gelfis		
		Name of Person	
	Kaiju Capital LLC		
		Finn/Company	
	401 S County Rd #3105		
		Address	
	Palm Beach, FL 33480		
		City/State and Zip Code	
	kg@urbanwolfllc.com		
		to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
Kyle J Gellis		561 308-069; at ()	
Name o	f Person	Area Code Da	vtime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	<u>Street Address</u> Registration	Section
Division of C P.O. Box 632	-		Corporations of Tallahassee
Tallahassee,			nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Company as it now appears on our rec limited Liability Company)	ords.)	- ·
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inpany were filed on $\frac{7/13/2022}{}$		_ and assigned
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ed liability company here:		
ed Liability Company," the designation "l	LLC" or the abbre	eviation "L.L.C."
<u> </u>		
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office address on our records, en	ter the name o	of the new registere
		<u> </u>
Enter Florida street aa	ldress	
	. Florida	
City		Zip Code
	ed liability company here: Ed Liability Company," the designation " ESS) Enter Florida street address on our records, en	ed liability company here: ESS) Enter Florida street address Florida

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

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		X	□Remove
			□Clunge
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	/		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			□Remove
			□Change

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Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
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Signature of a member or sauthorized representative of a member		2022	Dated
Signature of a member of authorized representative of a member		7/9//5	
7	₹ of a member	gnature of a member of authorized;	
Kyle J. Gellis			