Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:___

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

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JUL 28 2022

K. Brumblev

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GKBaj LLC		
(Name of the Limited Liability Con (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000313781</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 offic agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	AND FILED 28 AH SSEE, FI
	, Florida	Zip Coll
Naw Registered Agent's Signature if changing Registered Age	•	<u> </u>

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
MGR_	Simran Khurana	3501 Central Avenue	X lAdd
		St Petersburg, Fl 33713	Remove
			□Change
			🗆 Add
			□Remove
			Change
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F.C. A. L.A. C. Aleman, Aleman, Aleman	A CENT		tontian	ual)
Effective date, if other than the data must be an effective date is listed, the date must be a listed. If the date inserted in this blood document's effective date on the Department.	k does not meet the app	dicable statutory filing	ore than 90 days after fig t requirements, this c	ling.) Pursuant to 605 020 late will not be fisted a:
e record specifies a delayed effective rd is filed.	date, but not an effectiv	e time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
Dated 07/28	2022	·		
	\Rightarrow			
Kiley	ignature of a member or an	ithorized representative	of a member	
Riley Park	•	•		

• ,

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