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2022 SEP -2 PM 2: 06 SECRETARY OF STATE TALLAHASSEF

COVER LETTER

TO: Registration S Division of Co			,
4 4	Q10541 116	•	, :
SUBJECT:	RICSAI LLC Name of Lim	ited Liability Company	<u></u>
TI I I I I I			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rica	urdo Sainvil Name of Person	
	Ru	CSAI LLC Firm/Company	
		Firm/Company	
	1753 m	unkrey DR NE	APT 203
	Palm	Say, Fl 32905 City/State and Zip Code	
	E-mail address: (occurdo 9@ gmall. to be used for future anityal report noti	Can fication)
For further information c	oncerning this matter, please c		
_	•		
Ricardo S	f Person	at (<u>954</u>) <u>918 - 1</u> Area Code Daytime	e Telephone Number
		,,,,,,	
Enclosed is a check for the	ne following amount:		
W \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KICSAI LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L22000330242</u> .	were filed on July 24, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1753 Montreey DR NE, APT 203
(Principal office address MUST BE A STREET ADDRESS)	Palm Bay, F1 32905
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP-2 PH 2: 06 PALLAHASSEE FL
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, enter the name of the new Fegistered
	ardo Sainvil
New Registered Office Address: 1753	B MONKREY DR NE APT 203 Enter Florida street address
Palm	BAU Florida 32905

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>	Name	Address	Type of Action
MGR	Bicardo Sainvil	1753 Monkeey De NE, APT:	26 <u>3</u> ⊡Add
		1753 Monteey De NE, APT: Palm Bay, F1 32905	□Remove
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