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(F	Requestor's Name)
<u> </u>	Address)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	KL PKO LLO		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Auron Chulm	Name of Person	
	AIC PRO L	Firm/Company	
	8414 Woodle	Address	
	Tumpu, FL	33U/5 City/State and Zip Code	
	OI POIL OUY	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	ıll:	
Aurun Chu	Imax S of Person	at (\$13) 455 Area Code Daytim	5072 e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Se	
Division of C	'ornorations	Division of Cor	morations

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIC PROLLC (Name of the Limited I	iability Company as it now appears on our records.) Iorida Limited Liability Company)	2:2012 11 5: 58
The Articles of Organization for this Limited Liabi Florida document number <u>L22000 31 339</u>	lity Company were filed on 8/17/202	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regisagent and/or the new registered office address h		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-		ida Zip Code
	City	Zip Code

## 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 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
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effective <u>e:</u> If th	e date is listed, t	he date must I in this blo	be specific and ck does not n	l cannot be prid neet the appl	icable statutor	ng or more than y filing requi	90 days after f	iling.) Pursuant to date will not be	605,020 listed a
cord spo s filed.	ecities a delay	ed effective	date, but not	an effective	time, at 12:01	a.m. on the o	earlier of: (b)	The 90th day	after the
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			war.	SYN.	the	2			
		U	Signature of a r	member or au	horized represe	ntative of a me	mber		_

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