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COVER LETTER

Division of Cor	porations		
SURJECT: K	LA GUODS UC	-	
yourcer	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Alexis T	ij ida	
		Firm/Company Street Address: Telegraphy Firm/Company City/State and Zip Code Tess: (to be used for future annual report notification) at (305) 332 4480 Daytime Telephone Number Street Address:	
		Firm/Company	
	356 € 6	in storet	. <u> </u>
		City/State and/Zip Code	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ili:	
Δ دنده ۱۸	Triada	ar (345) 337	4486
Name o	l Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
及 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	<u>s:</u>	Street Address:	etion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K& A GOS	DS LLC	2022 007 - 7 PH	1:49
(Name of the Limited Liat (A Flor	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	$\frac{9}{24/22}$ and assigned	<u> </u>
Florida document number L22600421956		•	
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company here	2:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ords, <u>enter the name of the new reg</u>	<u>istered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	a street address	
		, Florida	
	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 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
AMBR	Alexis Tejeda	367 E 65+ 33010	□Add
			□Remove
		- <i>,</i> ,	_ Z/Change
AMBR	Krystina Alonso	- 359 E 6 14. Hiclas	4 P DAdd
	,	33010	□Remove
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active date	if other than the	date of filing:			(optiona	n
te: If the da	te inserted in this blo	date of filing: the specific and cannot each does not meet the epartment of State's	e applicable statu	filing or more tha tory filing requ	n 90 days after fili irements, this da	ng.) Pursuant to 605.0 te will not be listed
cord specific s filed.	es a delayed effective	e date, but not an eff	ective time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day after t
ed <u>/</u> /	0/1/11	·	·			
	· · ·	Signature of a member	or authorized regu	esentative of a n	nember	
	· · · · · · · · · · · · · · · · · · ·	Alexis Typed	A. Trieds	I signee		

Filing Fee: \$25.00