

L220000473505 Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000041012 3)))



H240000410123ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

2024 JAN 30 AM 9:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KLASH OF KAINS ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED  
2024 JAN 30 PM 3:32  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**Articles of Amendment to LLC Articles of Organization of**

KLASH OF KAINS ENTERPRISE LLC

The Articles of Organization for this Limited Liability Company were filed on 11-3-22 and assigned Florida document number 622000473505

This amendment is submitted to amend the following:

(ADD) 92-0926137

2024 JAN 30 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

These articles of amendment were adopted on 1/30/24

Dated 1/30/24

Signature of a member or authorized representative of a member

RAQUEL EMMA GONZALEZ PEREZ  
Typed or printed name of signee

**New Registered Agent's Signature, if changing Registered Agent:**  
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing