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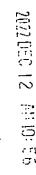
| (Requestor's Nar | me) |
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| PICK-UP WAIT | MAIL |
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| Certified Copies Certification | ates of Status |
| Special Instructions to Filing Officer: | |
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TO:

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|------------|--|--|---|-------------------|---|
| , | Jason Kalai | maras LLC | | c. | |
| SUBJEC | TT: | Namé of Lin | nited Liability Company | | • |
| | | | | | |
| The enck | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | | |
| | | Jason Kalamaras | | | |
| | | | Name of Person | | _ |
| | | Jason Kalamaras LLC. | | | .2 |
| | | _ | Firm/Company | | |
| | | 2914 SW 27th St. | | | |
| | | | Address | - | - 10 |
| | | Cape Coral, FL 33914 | | | ्रा - : : ज - : : ज |
| | | | City/State and Zip Code | | - : : : : : : : : : : : : : : : : : : : |
| | | Jkal711@gmail.com | to be used for future annual report noti | (Carting) | |
| For furthe | er information c | oncerning this matter, please c | • | neadony | |
| Jason Ka | lamaras | | 239 994-6340 at () | | |
| | Name o | f Person | | e Telephone Numbe | r |
| Enclosed | is a check for th | ne following amount: | | | |
| □ \$25.0 | 00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| ļ | Mailing Address Registration 5 Division of C | Section orporations | Street Address: Registration Sec Division of Cor | porations | |
| | P.O. Box 632 Fallahassec, I | | The Centre of T 2415 N. Monro Tallahassee, FL | e Street, Suite 8 | 310 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Jason Kalamaras LLC. | | | |
|--|---|-------------------|-------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appears on our records.) mited Liability Company) | | |
| The Articles of Organization for this Limited Liability Com- lorida document number $\frac{L22000490462}{L22000490462}$. | npany were filed on 11/16/2022 | and ass | igned |
| his amendment is submitted to amend the following: | | | |
| . If amending name, enter the new name of the limited | d liability company here: | | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or | | L.C." |
| inter new principal offices address, if applicable: | |)022 (*); | |
| Principal office address MUST BE A STREET ADDRES | | -: [] | |
| | | : 75 | • |
| | | 33 | ٠. |
| nter new mailing address, if applicable: | | ्रे क् | • • |
| Mailing address MAY BE A POST OFFICE BOX) | | 6 | · |
| | | | |
| If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | ffice address on our records, <u>enter the</u> | e name of the new | regis |
| rew registered office Address. | Enter Florida street address | | |
| | , Florid | da | |
| | 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 |
|--------------|------------------|--|-------------------|
| AMBR | Trisha Kalamaras | 2914 SW 27th ST, Cape Coral, FL 33914 | □Add |
| | | | ■ Remove |
| | | | □Change |
| MGR | Jason Kalamaras | 2914 SW 27th St., Cape Coral, FL 33914 | = Add |
| | | 7-11-1 | □Remove |
| | | | □Change |
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| ctive date, if other than the date of filing: | to date of filing or more than 90 days after filing.) Pursuant to 605.02 |
| If the date inserted in this block does not meet the applic | able statutory filing requirements, this date will not be listed a |
| ment's effective date on the Department of State's records. | • |
| | 12.01 |
| on specifies a delayed effective date, out not an effective ti- filed. | ime, at 12:01 a.m. on the earlier of: (b) The 90th day after th |
| , | |
| 12/06/ 2022 | |
| | |
| h h | |

Typed or printed name of signee