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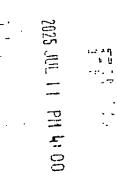
(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			•			
KANNUT SUBJECT:	BAYLIC	,				
	Name of Lin	nited Liability Company	- -			
The enclosed Articles of	Amendment and feets) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	SUHAIE, ACOSTA					
	·	Name of Person				
	-	Firm Company				
	3524 GRANDE RESERV	E WAY , APT 108				
	ORLANDO, FL 32837					
	ORLANDO, FL 32837					
	KBTAXESINFO@GMAIL	City State and Zip Code .COM				
For further information c	F-mail address; concerning this matter, please co	to be used for future annual report not all.	dicamari			
SUHAII. ACOSTA		407 9733357				
Name o	d Person	Area Code Daytin	se Lelephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	11830.00 Filing Fee & Certificate of Status	Zl \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Se	ction			
Division of C			Registration Section Division of Corporations			
P.O. Box 632	17	The Centre of I	•			
Tallahassee, l	F1, 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, F1 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KANNUT BAY LLC

(<u>Name of the Limited Liability Company</u> as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/21/2022 Florida document number 1 22000495898 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KB TAXES & BUSINESS SOLUTIONS LLC The new name must be distinguishable and contain the words "I muted I inhibity Company," the facing attention "I I C" or the abbreviation "I I C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Elionia street address

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, it 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			[_]Remove
			[]Change
			□Remove
			ElChange
			Lladd
			[]Remove
			[]Change
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<u>te:</u> If the date insert	i, the date thirs be specifically ted in this block does not ate on the Department of	meet the applicable s	tatutory filing req	mements, this date will	not be listed a:
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ed June	e 27th	2025	\cap		
		an Piel	' /		
	Signature of a	member of authorized	representative of a n	nember	