L230000 17181

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Registration Section

TO:

Division of Corp	orations		
SUBJECT: Aloh	a Kai Services Name of Limi	LLC ited Liability Company	
	amendment and fee(s) are subted		
	K/	e Aceucso Name of Person	
	A	W. Kat. Services Firm/Company	
	<u>5400 769h</u>	Street W APT #	0254
	Bradenton	City/State and Zip Code	
	<u> </u>	Soul Monkey @ 91	mail . COM fication)
For further information co	ncerning this matter, please cr	all:	
Kyle Acer Name of	Jeon Person	at (<u>727</u>) <u>415</u> Area Code Daytim	- 250(e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional capy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: 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

Aloha Kai (Name of the Limited Liab	ESUICES LUC ity Company as it now appears on our records. a Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
(A Flori The Articles of Organization for this Limited Liability Florida document number <u>L2300001719</u>	Company were filed on 1/9/23	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		
The new name must be distinguishable and contain the words "L	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADI	RESS)	2024;
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	MR - 8 PH
B. If amending the registered agent and/or register	ed office address on our records, enter t	he name of the new register
agent and/or the new registered office address here		
Name of New Registered Agent:	+	
New Registered Office Address:	Enter Florida street address	
	. Floi	rida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			
			□Remove
		-	
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			□Remove
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f an effective <u>Note:</u> If the	ate, if other than the date is listed, the date me date inserted in this effective date on the	ust be specific an block does not	d cannot be prior meet the applica	o date of filing or n	nore than 90 days a		
record spe d is filed.	cifies a delayed effect	ive date, but no	t an effective ti	ne, at 12:01 a.m.	on the earlier of	; (b) The 90th da	y after the
Dated	March 3		2024 All member or author	rized representative	e of a member		_
				Aceved			

Filing Fee: \$25.00