

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L2300040228**

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

From:  
Account Name : SOUSA & ASSOCIATES INC  
Account Number : I20190000111  
Phone : (407)800-7028  
Fax Number : (407)992-9407

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

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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2425 LOOP LLC**

Certificate of Status	0
Certified Copy	0
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

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APPROVED  
AND  
FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 2425 LOOP LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Maria C Sousa  
Name of Person  
SA Finance & Accounting Inc  
Firm/Company  
5728 Major Blvd Ste 309  
Address  
Orlando Florida 32819  
City/State and Zip Code  
Licenses@safinacc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa at ( 407 ) 8007028  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■

**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

2425 LOOP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed 01/23/2023 and assigned on Florida document number L23000040228

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5728 MAJOR BLVD STE 309  
ORLANDO, FL 32819  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 5728 MAJOR BLVD STE 309  
ORLANDO, FL 32819  
*(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: SA FINANCE & ACCOUNTING INC  
New Registered Office Address: 5728 MAJOR BLVD STE 309  
*Enter Florida street address*  
ORLANDO, Florida 32819  
*City Zip Code*

2023 DEC - 1 PM 33  
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	KAIKEN CAPITAL CORP	5728 MAJOR BLVD. STE 309	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter (changes) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

F. Effective date, if other than the date of filing: (optional)
If an effective date is listed, the date must be specific and cannot be more than 90 days after filing. Pursuant to NRS 0207.116(b),
Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a date of effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the
record is filed.

Dated November, 27 2023

Signature of a member or authorized representative of a member

BRUNO BECCI KAIVEN CAPITAL CO, LP
Typed or printed name of signor VICE PRESIDENT