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S. ROBERTS
JUN 2 1 ZL23

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

KUMAINU	J LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adriana Santelice		
		Name of Person	
	Phoros Tax LLC		
		Firm/Company	
	5728 Major Boulevard Su	ite 611	
		Address	
	Orlando FL 32819		
	adriana.santelice@phorosta	City/State and Zip Code	
	- ·	to be used for future annual report ne	stification)
For further information of	oncerning this matter, please c		
Adriana Sanfelice		407 \$20-1958	
Name o	t Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	<u>Street Address:</u> Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	
$\Gamma_1 \cup \Gamma_2 \cup \Gamma_3 \cup \Gamma_3 \cup \Gamma_4 $	L 1	The Centre of	r amanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUMAINU 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 on $\frac{01/25/2023}{1}$ and assigned 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 "LLC." 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 Florida 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, 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>	Address	Type of Action
MGR	F. NISHIMURA, EDITH M.	201 LA PASADA CIR EAST	■Add
		PONTE VEDRA BEACH, FL 32082	□Remove
			□Change
			□Remove
			□Change
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fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc beament's effective date on the Dep	e specific and cannot be prior to a k does not meet the applicabl	date of filing or more than S le statutory filing require	(optional) (0 days after filing.) Pursuant to 60 iments, this date will not be lis	15.0207 (sted as t
record specifies a delayed effective of is filed.	late, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day aft	er the
ntedAPRII, 25	. 2023			
	č.			
	1 de			

Filing Fee: \$25.00