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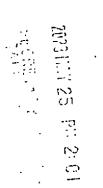
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| ΓO: | Registration Sectorial Division of Corp | | * | • |
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| SUBJE | ст: _ 'Кчс | los Home | Services, LL | :: |
| | | Name of Lir | nited Liability Company | |
| | | | | |
| The enc | losed Articles of A | mendment and fee(s) are su | bmitted for filing. | |
| Please r | eturn all correspon | dence concerning this matte | r to the following: | |
| | | <u>Yuny</u> | Kudas Name of Person | |
| | | | | |
| | | | Firm/Company | |
| | | 5911 | Van Camp | St |
| | | | Address | 2977 |
| | | North | Por-L FL 342 City/State and Zip Code | 1897 L. 17 25 |
| | | Miga Sh E-mail address: | (to be used for future annual report noti | com |
| For furt | her information con | ncerning this matter, please | call: | fication) |
| 4 | uny R | u dus | at (G) (e) 7 | -4018 c Telephone Number |
| | | | | |
| Enclose | d is a check for the | following amount: | | |
| □ \$25 | 5.00 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) |
| | Mailing Address: Registration So | | <u>Street Address:</u> Registration Se | ction |
| | Division of Co | | Division of Cor | |
| | P.O. Box 6327 | | The Centre of T | |

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kudos Home Se (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our resbility Company) | ords.) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L93000 65323</u> . | rere filed on OOO | $\frac{2093}{1000000000000000000000000000000000000$ |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability \square | | |
| 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: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2027 |
| | | |
| | | 2.22 |
| Enter new mailing address, if applicable: | NA | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | | ter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street aa | ldress |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | Top Com |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of my duties ovided for in Chapter 6 | s, and I am familiar with and 05, F.S. Or, if this document is |

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 | Yariy Kudas | 5911 Van Camp St | X Add |
| | | S911 Van Camp St North Port, FL 3429 | □Remove |
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| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlist filed. | ier of: (b) The | 90th day after th |
| ned 5/2.0/23 | | |
| | OF. | |
| Signature of a member or authorized representative of a memb | Ci | |