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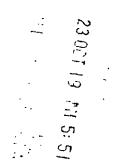
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COVER LETTER

TO:

	istration Se ision of Cor			
ella tezer.	KAVOD SI	ERVICES LLC		
SUBJECT:		Name of Lim	ated Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Alejandra Maria Padilla Qi	uintero	
			Name of Person	
		KAVOD SERVICES LLC		
			Firm/Company	
		4455 Baymeadows Rd Sui	e 105	
		·	Address	
		Jacksonville, FL 32217		
			City/State and Zip Code	
		apazmi@icloud.com		
		E-mail address: (o be used for future annual report notific	cation)
For further in	iformation co	oncerning this matter, please co	ail:	
Alejandra M	aria Padilla (Quintero	888 6513274	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
☑ \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration Sect	ion
Div	ision of C	orporations	Division of Corpo	orations
). Box 632		The Centre of Ta	
1 al	lahassee, F	1L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAVOD SERVICES LLC

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

Name of New Registered Agent: New Registered Office Address:	Jacksonville	Enter Florida street ada	Florida 32217
	4455 Baymeado		ress
	4455 Baymeado	ows Rd Suite 105	
Name of New Registered Agent:			
 If amending the registered agent and/or regent and/or the new registered office address 		address on our records, <u>ent</u>	er the name of the new register
	· -		
Mailing address MAY BE A POST OFFICE B	<u>30X)</u>		
Enter new mailing address, if applicable:			
Principal office address MUST BE A STREET	<u>r ADDRESS)</u>	Jacksonvine, Pt. 32217	
nter new principal offices address, if applicable:		Jacksonville, FL 32217	. 103
he new name must be distinguishable and contain the wo		tity Company," the designation "L 4455 Baymeadows Rd Suite	
A. If amending name, enter the new name of	the limited liab	ility company here:	
his amendment is submitted to amend the follo	wing:		
Florida document number L23000067899	·		
		were filed on TEORIDA	and assigned
The Articles of Organization for this Limited Lie			

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 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>	Name	Address	Type of Action
MGR	GIOVANNA PAZMINO	1410 Adams Lake Blvd SE	Add
		Atlanta, GA, 30339	□ Remove
			□Change
			□ Add
			□Remove
			□Add
			□ Remove
			Change
			□ Add
			□Remove
		~	Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00