L23000201718

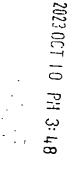
(Re	questor's Name)	
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COVER LETTER

Division of Co				
	estments LLC		•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles or	'Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Richard Sierra, Esq.			
		Name of Person		
	Florida Small Business Le	egal Center		
		Firm/Company		
	6501 Congress Ave. Suite	240		
		Address		
	Boca Raton, FL 33487			
		City/State and Zip Co	de	
	info@businesslawyer.biz	to be used for future annu	al mont notifi	cation)
For further information of	concerning this matter, please o		ин терот пот	Carony
Richard Sierra, Esq.		561	409-0364	
Name o	of Person	Area Code	Daytime	Telephone Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S			Address: stration Sect	tion
Division of C	`orporations	Divis	ion of Corp	orations
P.O. Box 632 Tallahassee, I			lentre of Ta N. Monroe	street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KADIO INVESTMENTS LLC	<u> </u>	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	impany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	nany were filed on April 24, 2023	and assigned
Florida document number L23000201718		
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 I	liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		202
		300
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		မှာ
B. If amending the registered agent and/or registered off		œ
b. It amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	1
	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 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
AMBR	Tim Sabean	2101 Corporate Blvd NW, #410, Boca Raton, FL	□Add
		33431	\bullet Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to date of ck does not meet the applicable stat		ling.) Pursuant to 605.0207
		2:01 a.m. on the earlier of: (b)	The 90th day after the
	date, but not an effective time, at 1		
d is filed.	2023		
Dated	2023	rnhardt oresentative of a member	