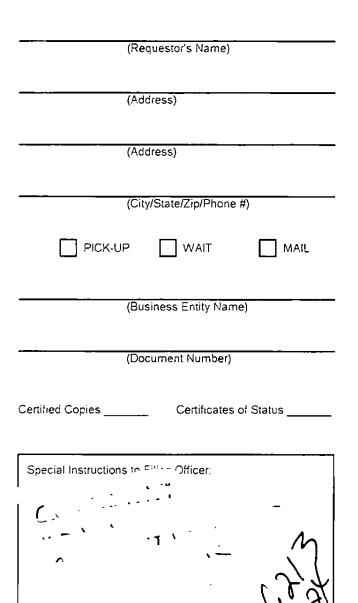
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	KUNTREEWAZE	ZLANEZ LLC			
	Name of Lim	uited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Sonia Becerra			
		Name of Person			
Swyft Filings					
		Firm/Company	<u> </u>		
	3 Greenway Plaza #1320				
	Address			 	
	Houston, TX 77046				
	City/State and Zip Code				
	in E-mail address: (nfo@legalcorpsolution to be used for future annual r	ons.com eport notification)		
For further information c	oncerning this matter, please c	all:			
Sonia B	есета	at (877)	777-0450		
Name o	f Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check for the	he following amount:				
SS \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

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

KUNTREEWAZEZLANEZ LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as It now appear. .iability Company)	s on our records.)	-
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/26/2023 and	assign e d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	œ:	
KuntreeLanesan	dWazes LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	1601-1 N M	ain St #3159	201
(Principal office address MUST BE A STREET ADDRESS)	Jacksonvil	le, FL, 32206	دین **
			<u>.</u>
Enter new mailing address, if applicable:	1601-1 N M	lain St #3159, SMB#45675	
Mailing address MAY BE A POST OFFICE BOX	Jacksonville	, FL, 32206	
			<u>,</u>
		cords enter the name of the	
	iddress on our re	cortus, emer the name of the	ilew regi
	iddress on our re	corus, <u>enter tae name or tre</u>	new regi
agent and/or the new registered office address here:			IIEW TG21
• •		ida street address	new regi

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.

X 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

Title	Name	<u>Address</u>	Type of Action
			□Add
			Remove
			☐ Change
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			Remove
			□Change
			□ Add
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	eta dan Nasaran derivat da da da	
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