

To:

Page: 1 of 4

2024-02-17 10:50:41 UTC+14

18506176383

From: ZenBusiness User

2/16/24, 3:49 PM

Division of Corporations

H24000065302 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L23000280411

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000065302 3))



H240000653023ABCW

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : 120230000190  
Phone : (844)449-3624  
Fax Number : (844)449-3624

FILED  
2024 FEB 16 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KAELI TRAIL LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H24000065302 3

To:

Page: 2 of 4

2024-02-17 10:50:41 UTC+14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H24000065302 3

Kaeli Trail 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 06/09/2023 and assigned  
Florida document number L23000280411.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9541 Baycliff Court

Orlando, FL 32836

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9541 Baycliff Court

Orlando, FL 32836

FILED  
2024 FEB 16 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Florida

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>    | <u>Type of Action</u>                      |
|--------------|-------------|-------------------|--------------------------------------------|
| AMBR         | Kaeli Trail | 9541 Baycliff Ct  | <input type="checkbox"/> Add               |
|              |             | Orlando, FL 32836 | <input type="checkbox"/> Remove            |
|              |             |                   | <input checked="" type="checkbox"/> Change |
|              |             |                   | <input type="checkbox"/> Add               |
|              |             |                   | <input type="checkbox"/> Remove            |
|              |             |                   | <input type="checkbox"/> Change            |
|              |             |                   | <input type="checkbox"/> Add               |
|              |             |                   | <input type="checkbox"/> Remove            |
|              |             |                   | <input type="checkbox"/> Change            |
|              |             |                   | <input type="checkbox"/> Add               |
|              |             |                   | <input type="checkbox"/> Remove            |
|              |             |                   | <input type="checkbox"/> Change            |
|              |             |                   | <input type="checkbox"/> Add               |
|              |             |                   | <input type="checkbox"/> Remove            |
|              |             |                   | <input type="checkbox"/> Change            |
|              |             |                   | <input type="checkbox"/> Add               |
|              |             |                   | <input type="checkbox"/> Remove            |
|              |             |                   | <input type="checkbox"/> Change            |

[illegible]

Typed or printed name of signee