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COVER LETTER

Registration Section

TO:

Division of Co	orporations		● ,		
KAAM S SUBJECT:	pa Services, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Michael L. Hendershott				
		Name of Person			
		Firm/Company			
	0S163 Willis Circle	This company	<u>.</u>	2023 J SEÇÇL	·
		Address		[일 등	-
	Geneva, IL 60134		بن	JUL -6 PM 3: 03 Firm (OF STATE	I
		City/State and Zip Code	بن		1
	mlhendershott@att.net		<u></u>	된 0:	
		to be used for future annual report noti	ncation)	m ω	
For further information	concerning this matter, please c	all:			
Richard L. Williams		630 457-1205 at ()			
Name	of Person		ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 81	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAAM Spa Services, 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 June 23, 2023 and assigned Florida document number L23000303169 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KAAM Spa Management, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 to 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.

City

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ated July 5	202	3			
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Filing Fee: \$25.00

Typed or printed name of signee