Florida Department of State

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)214-8442

**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 3286 ARCARA WAY 308 LAKE WORTH TRUST LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3286 ARCA (Name of the Lim	RA WAY 308 L hted Liebility Comp (A Florida Limited	AKE WORTH TRUS	T LLC		
The Articles of Organization for this Limited I	,	were filed on06/	29/2023	and assign	ned
Florida document number L23000312	943				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liat	pility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the ab	breviation "L.L.C	<u> </u>
Enter new principal offices address, if applicable:		3286 Arcara Way, Apt 308			
(Principal office address MUST BE A STREET ADDRESS)		Lake Worth, FL 33467			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	3286 Arcara Way, A Lake Worth, FL 33	<u>'</u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses	ess here:		enter the nam	e of the new r	egister ed
Name of New Registered Agent:	Carmmue De	olo		23 P	
New Registered Office Address:	3286 Arcara	Way, Apt 308		AUG.	<u> </u>
		Enter Florida str e et	address .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	一至五
		Lake Worth	_, Florida	33467	<u>-6</u> 0⊻
New Registered Agent's Signature, If changing	Registered Agent:	City		Zip Code C Σ	<u></u>
I hereby accept the appointment as register provisions of all statutes relative to the prop					

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.

Rachel Joseph, Attorney-in-Fact
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fittle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Titte</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Carmmue Dolo	3286 Arcara Way, Apt 308	⊠ Add
		Lake Worth, FL 33467	□Remove
			Change
MGR	KC Capital Holdings Corp	11402 SW Northland DR	□ Add
	Port Saint Lucie, FL 34987	⊠Remove	
		Change	
			⊡Add
		□ Remove	
			
		□Remove	
		□ Change	
		□Remove	
			□Change
			□Add
			□Remove
			Chara-

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Effective da	te, if other than the date of filing: (optional)
If an effective of	te, if other than the date of filing: (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
document's e	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ffective date on the Department of State's records.
e record speci	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
Dated	August 4th 2023
	0. (10)
· –	Signature of a member or approximative of a member
	Rachel Joseph, Attorney-in-Fact

Filing Fee: \$25.00