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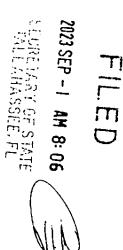
(Requestor's Name)
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIEL KALEKY		
		Name of Person	
	Name of Limited Liability Company  Tricles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    DANIEL KALEKY		
	1333 S OCEAN BLVD SU	JITE 807	
		Address	
	POMPANO BEACH, FL 3	33062	
		City/State and Zip Code	
		10.6	,
For further information of		-	neanon)
Daniel Kaleky		954 483-1104 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ction
Division of Corporations			
P.O. Box 632			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KALEKTRONICS LLC				
( <u>Name of the Limited Liability Comr</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/28/2023</u>	and assigned		
Florida document number L23000360038				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liai	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<del> </del>		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		<b>T</b>		
		iii o		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ie name of the new registered		
Name of New Registered Agent:	,			
New Registered Office Address:				
	Enter Florida street address			
	, Flor	ida Zip Code		
	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

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DANIEL KALEKY	1333 S OCEAN BLVD SUITE 807	⊡Add
		POMPANO BEACH, FL 33062	□Remove
			<b>□</b> Change
			□Add
			□Remove
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Effective date, if other than th	ne date of filing:		(optional)	
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	iust be specific and cannot be pr block does not meet the app	ior to date of filing or more licable statutory filing re	than 90 days after filing.) Pursuant t	
the record specifies a delayed effect cord is filed.	ive date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90th day	after the
Dated August 3rd	2023	111		
	,			
		identifed representative of		_

Filing Fee: \$25.00

Typed or printed name of signee