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COVER LETTER

TO:

Registration Section **Division of Corporations**

KBAL INVESTMENTS LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sylvana Nogucira Name of Person Aldano Group LLC Firm/Company 13640 North Kendall Drive #1016 Address Miami, FL 33186 City/State and Zip Code snbookkeeper@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sylvana Nogucira Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KBAL INVESTMENTS LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number 1.23000373415	vere filed on <u>08/03/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		_2
(Principal office address MUST BE A STREET ADDRESS)		023
	<u> </u>	50
		F
Enter new mailing address, if applicable:	(S)	<u>₽ m</u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
Training many 55 May DE A POST OF FCC BOX		01
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Ciţ;	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fam rovided for in Chapter 605, F.S. Or, if t	iliar with and his document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRES VELEZ	CALLE 43 # 57-47 APT 202	□Add
		BELLO, AN 05105-0 CO	□Remove
			≣ Change
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. If amending any other informat	ion, enter change(s) he	re: (Attach addition	il sheets, if necessary.)	
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the appli	icable statutory filing n	(optional) than 90 days after filing.) Pr equirements, this date wi	ursuant to 605,0207 (3) Il not be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
Dated	2023			
				
<u> </u>	ignature of a member or aut	horized representative of	a member	
ANDRES VELEZ				
	Typed or prin	ited name of signee		

. . .