

L23000419054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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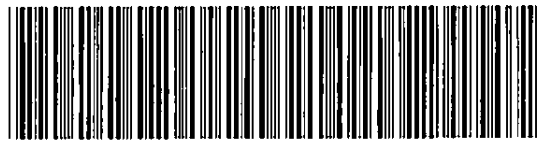
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SunBiz

Division of Corporations - Registration Section

P.O. Box 6327

Tallahassee, FL, 32314

Subject: Request for Name Change for LLC

Dear SunBiz Support Team,

I am writing to formally request a change of name for the LLC currently registered under the name "**Kaoz Motorsport LLC**" with the EIN 93-3323272. Our office is located at 3532 Monaco Ln, Davenport, FL 33897.

****Proposed New Name:****

Kaoz Universe LLC

This name change is intended to better represent our evolving business model and branding strategy while retaining the same ownership structure. Please note that all shareholders and operational structures remain unchanged.

****Details of Payment:****

To facilitate this change, we have enclosed a money order numbered 19-640948727 in the amount of \$30 to cover the required processing fees associated with this request.

****Required Action:****

1. Update the business name from "Kaoz Motorsport LLC" to "Kaoz Universe LLC" in all official records.
2. Ensure that all historical data and filings are seamlessly transferred to the new business name without altering the ownership details.

We trust that these changes will be implemented at your earliest convenience and reflected in all associated public and legal records. Please confirm receipt of this request and the enclosed payment, and notify us when the name change has been officially registered.

Thank you for your attention to this matter. Should you require any additional information or documentation to process this request, please feel free to contact me directly at the details provided above.

Sincerely,

Edwin Duran

Email: kaoz.motorsportllc@gmail.com

Phone Number: 863 2825877

Enclosures: Money Order #19-640948727

Edwin Duran

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: KAOZ MOTORSPORT LLC
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:

DURAN, EDWIN A
Name of Person

MGR
Firm/Company

3532 MONACO LN
Address

DAVENPORT, FL 33897
City/State and Zip Code

KAOZ.MOTORSPORTLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN DURAN at (863) 2825877
Name of Person Area Code Daytime 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) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KAOZ MOTORSPORT 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 09/05/2023 and assigned Florida document number L23000419054.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KAOOZ UNIVERSE 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)

3532 MONACO LN

DAVENPORT, FL 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3532 MONACO LN

DAVENPORT, FL 33897

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: DURAN, EDWIN A

New Registered Office Address: 3532 MONACO LN

Enter Florida street address

DAVENPORT

City

Florida 33897

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.

Edwin Duran

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DURAN, EDWIN	3532 MONACO LN	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33897	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DURAN BEATO, ANDRES	3532 MONACO LANE	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33897	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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