L23000443329

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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Division of Co			
SURJECT: COO	KS Solutions	5 LLC ited Liability Company	
5000ECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	S (11	(Vor. K'	
	17 Action 17	Name of Person	
		Firm/Company	
	In Carr and	1 5 1 01 .10	
	10 SUVANIVE	h Forest Circle	
	Cranfordille	City/State and Zip Code)
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification	n)
For further information of	concerning this matter, please c	all:	
		at () Area Code Daytime Tele	
Name o	of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	El SSS 00 Ellian Eso E	FI 560 00 Elling Eng
320.00 Tillig Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee,Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			, , , , , , , , , , , , , , , , , , ,
Mailing Address		Street Address:	
Registration ! Division of C		Registration Section Division of Corpora	
D.O. D (22		The Control of Corporat	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOOKS SOLUTIONS	LLC 11 11 11 31
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $9/24/23$ and assigned
Florida document number <u>L23000 443325</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
•	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	tilarida
	, Florida

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 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	Name	Address	Type of Action
mgr	Austin H. Cook	10 Savannah Forest Circle	Add
		Crawford Ville FL 323:	<u>27</u> □Remove
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗆 Add
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			Change

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an effec <u>lote:</u> Ti	tive date is list f the date ins	ed, the date erted in thi	the date of f must be specifi s block does i e Department	ic and cannot not meet th	e applicable s	of filing or me tatutory filing	ore than 90 days	optional) after filing.) Pu , this date wil	rsuant to 605,0207 I not be listed as
record is file	•	elayed effe	ctive date, bu	t not an eff	ective time, at	(12:01 a.m. c	on the earlier o	f: (b) The 90	Oth day after the
ated _	C+	26		رست. الميمة	023.				
		7	1/1/S.	1.1/1	$\frac{e.23}{HCO}$	UK	 		<u>.</u>
			Signature	ot a membel	or authorized	representative	ot a member		

Filing Fee: \$25.00