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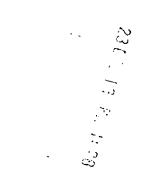
| (Re | equestor's Name) |
|-------------------------|--------------------------|
| (Ac | ldress) |
| (Ac | idress) |
| (Cil | ty/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (Bu | rsiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | J. HORNE DEC 2 8 2023 |
| | |





100420229871

12/18/23--01022--092 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corp | porations | | |
|-------------------------------|---------------------------------------|--|--|
| Ω. | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - | |
| SUBJECT: K | Name of Lim | TVE LLC ited Liability Company | <u></u> |
| | rane of Dim | nea mainty company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| • | _ | - | |
| | 0. | S.A. M | |
| | <u> </u> | SAUL Name of Person | |
| | | | |
| | RADICAL 1 | Firm/Company | |
| | | Firm/Company | |
| | ١٥٨٦ ، ٥ | | |
| | 199+ <u></u> | XINGTON PLACE Address | |
| | | Addiess | |
| | TARPON | SPRINGS, FL 34U City/State and Zip Code | 088 |
| | | City/State and Zip Code | |
| | RACHEL | SAUL @ GMAIL. COV to be used for future annual report not | <u>\</u> |
| | E-mail address: (| to be used for future annual report not | fication) |
| For further information co | oncerning this matter, please c | all: | |
| | | | |
| KACHEL S | SAUL | at (727) 686 - Area Code Daytim | 7202 |
| Name of | I Person | Area Code Daytiii. | ie Telephone (vanioe) |
| | | | |
| Enclosed is a check for th | ne following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | □ \$60.00 Filing Fee, |
| | Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| | | (additional copy is enclosed) | (additional copy is enclosed) |
| | | | |
| | | | |
| Mailing Addres | | Street Address: | |
| Registration S | | Registration Se | |
| Division of C P.O. Box 632 | = | Division of Cor The Centre of T | • |
| r.U. DUX 032 | . 1 | the Control of | . WITHINGS-C |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KADICAL INITIAT | INE ILLC | <i>ა</i> |
|--|---|---------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | Company as it now appears on our records.) mited Liability Company) | |
| he Articles of Organization for this Limited Liability Com | npany were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | and assigned |
| lorida document number 123000501423 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | l liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| <u>Principal office address MUST BE A STREET ADDRES</u> | <u> </u> | |
| | | <u> </u> |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| - | | |
| | | |
| 3. If amending the registered agent and/or registered of | ffice address on our records, enter the | name of the new registe |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | a |
| | 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 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> | Name | Address | Type of Action |
|--------------|-------------|--------------------------|----------------|
| AMBR | RACHEL SAUL | 1997 LEXINGTON PLACE | BAdd |
| | | TARPON SPRINGS, FL 34688 | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
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| 11 A 11 | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| If an e | tive date, if other than the date of filing: |
| | ment's effective date on the Department of State's records. |
| e reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Dateo | DECEMBER 6, 2023. Rachel Saul |
| | Rayled Sand |
| | Signature of a member or authorized representative of a member |
| | |
| | RACHEL SAUL Typed or printed name of signee |