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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: KI	AZEN SCM & SERVICES LL	C		
	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Burton Landau, Esq			
		Name of Person		
	South Florida Law, PLA	.C		
		Firm/Company		
	1920 E. Hallandale Beac	ch Blvd. #702		
	· · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·	
	Hallandale, FL 33009			
		City/State and Zip Code		
	Burton @southtloridalawplle	to be used for future annual		
U.s. forther information			report nonneagon)	
Por lumner information	concerning this matter, please c	aii;		
Burton Landau, Esq.		at ( <u>954</u> )	900-8885	_
Name (	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	the following amount:			
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee C Certified Copy (additional copy is enc	Certificate of St	tatus &
<u>Mailing Addre</u> Registration	Section		ation Section	
Division of C	corporations	DIVISIO	n of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### KIAZEN SCM & SERVICES 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 Com-	pany were filed on	11/28/2023	and assigned
Florida document number <u>L.23000529850</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> : KAIZEN SCM	& SERVICES LLC
The new name must be distinguishable and contain the words "Limited l	Liability Company," the de	signation "LLC" or the a	hhreviation "L.L. C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our re	cords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
		Florida	
	Cuv		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
			□Remove
			□Change
			□Remove
			☐ Change
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D. If amenc	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect <u>Note:</u> If	late, if other than the date of filing:
f the record s ecord is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 15th 2023
	Patrick Haughton Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	PATRICK HAUGHTON
	l'yped or printed name of signee

Filing Fee: \$25.00