L24000013568

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	Vasa Outek	ancs LLC	
NODO EST.	Kasa Outou Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for tiling.	
Please return all correspo	ondence concerning this matter to	the following:	
	_		
	- Benja	Name of Person	
	Kasa	Outdoors Lo	L C
	1505	Dennis Stree	e t
	Jacksonu	Oille, FL 327 City/State and Zip Code	04
	L-mail address: (to	be used for future annual report notifi	cation)
For further information e	oncerning this matter, please call	l:	
Reno Name o	ramin Ferrall	at (443) 360 · Area Code Daytime	で900 Telephone Number
Implosed is a check for th	ne following amount:		
S≥5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(7) \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	tion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 632	.7	The Centre of Ta	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>01 04 2024</u> and assigning document number <u>L24000013568</u> .	gned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Kasa Outdoor Living LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation; "LE	C.,
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
24 NOV -	
Enter new mailing address, if applicable:	<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)	, :
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> agent and/or the new registered office address here:	registered
Name of New Registered Agent:	···-
New Registered Office Address: Enter Florida street address	
City Florida, Florida	
Active Registered Agent's Signature, it changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	

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 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 adde or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			∴Add
			Remove
			TChange
			∐Remove
			TChange
			LIRemove
			=Change
			□Remove
			LiChange
		UChange	
			□Remove
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<u>Note:</u>	ive date, if other than the date of filing:
f the recor ecord is fi	d 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 led.
Dated	November 21, 2024. Signature of a member or authorized representative of a member
	Benjamin Ferralli Typed or printed name of signee