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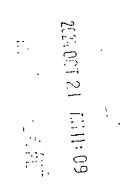
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COVER LETTER

~-	ration Section on of Corporations
SUBJECT:	Keti Ballh sa Slota AP LLC Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Keti Balliysa Slota Name of Person
	Kett Ballysa Slota, LLC Firm/Company
	BOG7 Hobbes Way Address
	Palm Beach Gardens, FL 33418 City/State and Zip Code
	KBallhysa Magnym realty holdings com E-mail address (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
5	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:
\$25.00 Filin	ng Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee, }\Bigcup \Bigcup

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keti Balln	45g 51g	sta AP L	<u>_</u> L		
(<u>Name of the Limited Lia</u>) (A Flor	rida Limited Lia	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited Liability	y Company w	ere filed on	EN 187 5 20	24_ and assigned	
The Articles of Organization for this Limited Liability Florida document number L 24 000016016			200121	AMT1: 09	
This amendment is submitted to amend the following	:		TALLAIN, 58	(1.3 p) 1.2 EF EF 2	
A. If amending name, enter the new name of the l	imited liabili	ty company her	<u>'e</u> :		
The new name must be distinguishable and contain the words "I	A, LL	۷			
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the des	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		NA			
(Principal office address MUST BE A STREET AD	DRESS)				
		t			
Enter new mailing address, if applicable:		NA			
(Mailing address MAY BE A POST OFFICE BOX)					
		_		erat i i i i i i i i i i i i i i i i i i i	
B. If amending the registered agent and/or register agent and/or the new registered office address her		dress on our re	cords, <u>enter the na</u>	ime of the new register	eo
	-				
Name of New Registered Agent:	NA				
		·			
New Registered Office Address:	<u> </u>	Enter Floria	da street address		
			. Florida		
_		City	, Pittua _	Zip Code	
New Registered Agent's Signature, if changing Register	ered Agent:				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete p d agent as pr tered office a	erformance of r ovided for in C	my duties, and I ar hapter 605, F.S. C	m familiar with and Or, if this document is	he
company has been notified in writing of this change	50.				

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>		Address	Type of Action
				
				□ Remove
				Change
				□Add
				□Remove
				☐ Change
				⊡Add
		N/A	_ <u>/</u>	□Remove
		-	/	Change
		/	N/A	⊡Λdd
				Remove
				
		<i>/</i> 		□Add
				□Remove
				□Change
	/			□Add
/	/			∏Remove

	N/A

effective da	e, if other than the date of filing: (optional) the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
e: If the da	ite inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ument's ef	ective date on the Department of State's records.
ord specifi	es 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.	es a detayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) I he 90th day after the
ed	ctober 17 2024.
	\mathcal{L}_{∞} .
	/Signature of a member or authorized representative of a member
	Keti Ballhusa Stota Typed or printed name of signee
	V Ket Ballhica State
	101 12M1/M36 ~1014