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Division of Corporations

Fax Number : (850)617-6383

From:

: ZENBUSINESS INC. Account Name

Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

|--|

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To:

18506176383 2024-09-24 07:54:30 UTC+14 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

karmicallysound L.L.C.				
(Name of the Limited Liability Compa (A Florida Limited	nty as It now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 01/17/2024 and assigned Florida document number L24000033882				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi				
Enter new principal offices address, if applicable:	1231 Swan Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Miami Springs, FL 33166			
	US			
Enter new mailing address, if applicable:	1231 Swan Avenue			
(Muiling address MAY BE A POST OFFICE BOX)	Miami Springs, FL 33166			
	US 24			
	7 7			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
agent and of the new registered office addites here.	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三			
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter Florida street address			
	, 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 us 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR Joel E Anderson	Joel E Anderson	1231 Swan Avenue	DAdd
		Miami Springs , FL 33166	□Remove
		US	
			□Add
			□Remove
			□Change
·			DAdd
			□Remove
		□Change	
		□Add	
			□Remove
			□Change
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