Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11240001981593)))



H240001981593ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone

: (323)962-8600

Fax Number : (323)389-0502

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAI TRAVEL CLUB LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 49 2024

TO:

Registration Section

From: Rajiv Srivastava

COVER LETTER

Division	of Corporations		
	TRAVEL CLUB LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub-	nitted for filing.	
Please return all co	orrespondence concerning this matter t	o the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
1.		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	hello@kaitravelclub.com E-mail address: (ti	o be used for future annual repo	ort notification)
For further informa	ation concerning this matter, please ca		The inventory
Mike Town		800 773-0	388
	Name of Person	at (Daytime Telephone Number
•	THE STATES OF TH	Anta Cout	zayame reseptione studiosi
Enclosed is a chect	k for the following amount:		
□ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F C F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle

1.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
JUN 10
TALLAHASSEE FLORIOR
SEC. FLORIDA

(i			OF	TALLAHASSEL, FLORIDA
	KAI TRAV	EL CLUB LLC		MELAHASSER
÷.		(Name of the Limited	Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)
j .	tien	(4	A Florida Limited Liability Company)	
The A	articles of Organiza	tion for this Limited Lia	bility Company were filed on 01/18	2024 and assigned
Florid	a document numbe	r L24000036793	·	
This a	amendment is subm	itted to amend the follow	ving:	•
A. If	amending name, g	enter the new name of	the limited liability company here	
	m Minds Skincare L	-		
The ne	w name must be disting	guishable and contain the wo	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter	new principal off	ices address, if applica	ble:	
(Princ	cipal office address	MUST BE A STREET	ADDRESS)	· · ·
			V-10-1111-1	
1 2 -	'			
Enter	new mailing addi	ress, if applicable:		
(Maile	ing address MAY I	<u>BE A POST OFFICE B</u>	<u> </u>	
	•	egistered agent and/o the new registered offi	~	or records, <u>enter the name of the new</u>
	Name of New F	Registered Agent:		
	New Registered	Office Address:		
			Enter Florida	street address
				Florida
			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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>		<u>Name</u>	Address	Type of Action
 	_			□ Add
1	·			☐ Remove
				SE DEFrance
	_			FO Add O
				GRêmove -
				Remove
	_			□ Add
Ŧ	<i>t.</i> ·			□ Remove
			*18.11 -11.181-11.	☐ Change
				Add
				☐ Remove
				□ Change
		441-		
				☐ Remove
.	B.A			□ Change
			W. W. Company of the	
				☐ Remove
				☐ Change

14m

- 		
-1		
		1-2
		7887 - 28
		LC BHASS
		5 E
		TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER
		<u></u>
		<u> </u>

If the date inserted in this block	te of filing: specific and cannot be prior to date of filing or me does not meet the applicable statutory filing rument of State's records.	g requirements, this date will not be listed
and a circuit and on the Depa	nument of Suite 5 records.	
ord specifies a delayed e 90th day after the record	ffective date, but not an effective to d is filed.	ime, at 12:01 a.m. on the earlier
May 16th	2024	
	Anthony Romano	
	MICHORY COMUNO	

Page 3 of 3

Filing Fee: \$25.00