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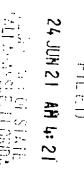
(Requestor's Name)
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COVER LETTER

Division of Co	rporations			
SUBJECT: KulVac Sc	ervices LLC			
		d Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
Please return all correspondent	ondence concerning this matter to	the following:		
	Jeremy I. Gaza			
		Name of Person	-	
	KulVac Services LLC			
		Firm/Company		
	1335 Leslie Dr.			
		Address	-	
	Merritt Island, FL 32952			
		City/State and Zip Code		
	Jeremy@kulvac.com			
	E-mail address: (to	be used for future annual	report notification)	
For further information of	concerning this matter, please call	:		
Jeremy I. Gaza			4-6092	
Name o	of Person	at () Area Code	Daytime Telephone Num	ber
lindaadia ahaabisa	k. c.b			
Enclosed is a check for t	ne following amount:	All		
☐ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Ceptified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, icate of Status & ed Copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KulVac Services LLC		
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Compan	y were filed on Jan. 22, 2024	and assigned
Florida document number 1.24000040579		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		·· 2
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the na	me of the new Tegiste
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	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 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
AMBR	Danielle Renée Shoot	516 Horsemint Ave	= Add
		West Melbourne, FL 32904	□Remove
			□Change
MGR	Danielle Renée Shoot	516 Horsemint Ave	= Add
		West Melbourne, FL 32904	□Remove
			□ Change
MGR ———	Jeremy Isaman Gaza	1335 Leslie Dr	■Add
		Merritt Island, FL 32952	Remove
			□ Change
			□Add
			□Remove
			□Change
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recon	rd specifie led.	s a delay	ed effectiv	e date, bu	t not an ef	fective tin	ne, at 12:0	la.m. on	the carli	er of: (b)	The 90	Oth day afte	er the
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