

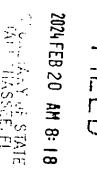
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Fi	avia Kanyago	LLC	
3003FX.1.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Fiavia	Kanyago	
		Name of Person	
		Firm/Company	
	1,301	Scale Took DI	101
		Sceola Trail Rd	1
	V · ·	E1 21.5. (
	F. SS. Min	City/State and Zip Code City/State and Zip Code Cryago Organii Ce to be deed for future samual report notif	
	Figuia·Ka	nyago orgnair:co	>M
	E-mail address: ()	to be ased for future admual report notif	ication)
For further information co	incerning this matter, please ca	all:	
Fiavia	Kanyago	81(850) 26H-	-3609
Name of	Person J J	at (<u>850)</u> 264 – Area Code Daytine	Telephone Number
Enclosed is a check for the	e following amount:		
□. \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Sec	
Division of Co P.O. Box 6327		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flavia Kanyas	
(A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Florida document number <u>L24 0000 563 29</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Francia Kanyago The new name must be distinguishable and contain the words Limited Liab	PLLC
The new name must be distinguishable and contain the words. Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Flavia Kanyago
(Principal office address MUST BE A STREET ADDRESS)	4301 Osceona Train R1 #10
	Kissimmer FL 34746
Enter new mailing address, if applicable:	- unit
(Mailing address MAY BE A POST OFFICE BOX)	4301 Osceola Trail Rallo1
	Kissimere FL 34746
P. If amounting the registered agent and/or registered office	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	20
New Registered Office Address:	
	Enter Florida street address
	Florida // // // // // // // // // // // // //
	TT-1
New Registered Agent's Signature, if changing Registered Agent	E POST SE
provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Fravia Kanyago	4301 OSceola Troil Pd 1 Kissimmee FL 34746	61 EAdd
			Change
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			□Change
			□Add
			□Remove
			□Change

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- * - -	I am a licenced real estate agent. The reason for Changing my LLC Into a PLLC is so that I can operate my real estate practice with a licence under a PLLC
ell an effect <u>Note:</u> If	e date, if other than the date of filing: O2/O6/2024 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record's ord is filed	
Dated	Signature of another or authorized representative of a member Typed or printed name of signee
	Francia Kanyago

Filing Fee: \$25.00