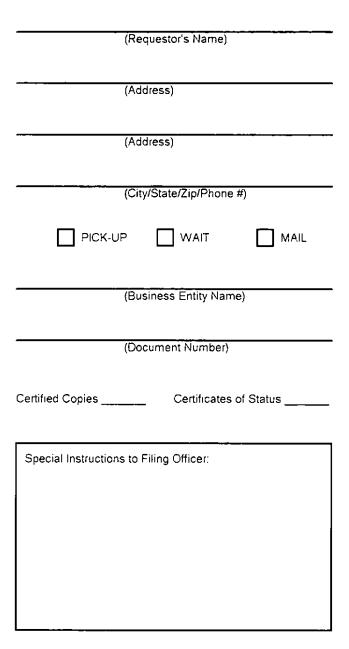
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Office Use Only



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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	KEA LUXUM Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subt	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Kav	Name of Person	
		Firm/Company	· · · · · ·
	1402L BISCAY	ne Blyd. Apt. 20-	210
	North Miam Keobrean 9 6 E-mail address: (1	City/State and Zip Code 2 Ama U LOW 1 To be used for future annual report notifica	8
For further information con-	cerning this matter, please ca		
Karla E. Al	orea, erson	at (<u>954</u>) <u>774 - C</u> Area Code Daytime To	1491 elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	Street Address: Registration Section	on

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

Kea LUXUM LIVING, PLLC (Name of the Limited Libility Compa) (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24DD011252D</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	IAR 2
	27
	P C
Enter new mailing address, if applicable:	ှ <u>ု</u> ယူ 🗇
(Mailing address MAY BE A POST OFFICE BOX)	4-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	<u></u>
New Registered Office Address:	Enter Florida street address
	Enter 1 tortale street address
	, Florida City Zip Code
	сну гар соме

New Registered Agent's Signature, it 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

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
	_		Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
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lf an cfi <u>Note:</u>	ive date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	March 18 2024.
	Signature of a member or authorized representative of a member
	Karla E PIDYPAN