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To:

Division of Corporations

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From:

Account Name : INC AUTHORITY, ELC

Account Number : 120240000004 Phone : (775)329-7721

Fax Number : (775)376-9287

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

Email Address: admin@kaicapitals.com

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From Corporate Service Center Inc 1.702.507.9682 Wed Sep 4 10:35:50 2024 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

f	÷	
KAICAPIT		
(<u>Name of the Limited Liability Counts</u> (A Florads Lumted	the party (ompany)	
The Articles of Organization for this Limited Liability Company	were filed on 03/06/24	and assigned
lorida document number L24000114210		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Linuted Liabi	ility Company," the designation "LLC" or	the abbreviation "LAC,"
inter new principal offices address, if applicable:	1816 N 41St Ave	
Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33021	2024
		E T
nter new mailing address, if applicable:	1816 N 41St Ave	
Mailing address MAY BE A POST OFFICE BOX)	Hollywood, FL 33021	
		5 5
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 		7
Name of Name Davidson of Asserts		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ia Zio Code
	Çıq.	with their

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 affice 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

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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	Name	Address	Type of Action
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			□ Add
			☐ Remove
			□ Change
			D Add
			Remove
			☐ Change
			□ Add
			☐ Remove
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	4		Add
			□ Remove
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			Remove
			□ Change

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	date, if other than the date of filing: N/A (optional)
**	ive date is listed, the date must be specific and extent be prior to date of filing or more than W days ofter 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
ote: If	t's effective date on the Department of Sinte's records.
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ole: If ocumen	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.

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