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## **COVER LETTER**

	stration Se sion of Cor			
		KAABAA OPCO LLC		
SUBJECT:	<del></del>	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		DOUG ZEIF		
			Name of Person	
		EQUAL MEASURE, LLC	2	
		<del></del>	Firm/Company	
		6574 N. STATE ROAD 7.	SUITE 415	
	Address			
		COCONUT CREEK, FL 3	3073	
		DZ@EQUALMEASURE.		
For further in	formation c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not all:	ification)
DOUG ZEIF			561 302-7491	
	<b>X</b> *	en		ne Telephone Number
	Name o	f Person	Area Code Daytin	reseptione Nutroet
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 Fi	ling 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)
	ing Addres		<u>Street Address:</u> Registration Se	ection
Div	ision of C	Corporations	Division of Co	rporations
P.O	. Box 632	. /	The Centre of	i arialiassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECHELON KAABAA OPCO, LLC		
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on3/27/24	and assigned
florida document number <u>L24000148870</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
ECHELON KABAA OPCO. LLC		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
		. 12
<del>-</del>		
		7
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>	
_		r-
		w
3. If amending the registered agent and/or registered office addragent and/or the new registered office address here:  Name of New Registered Agent:	ess on our records, enter the <u>na</u>	me of the new regi
New Registered Office Address:		
new negistered Office Augusta.	Enter Florida street address	
	Flavida	
	, Florida _	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00