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PICK-UP WAIT	☐ MAIL
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Certified Copies Certifica	ites of Status
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Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co.			
KAY LAN	FDS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Gene Komorowski		
		Name of Person	
	KAY LANDS LLC		
		Firm/Company	
	2111 Kelvin court		
		Address	
	Orlando, FL, 32833		
		City/State and Zip Code	
	kchagels@gmail.com	to be used for future annual report not	ification
For further information	concerning this matter, please c	•	Medicity
Gene Komorowski		973 907-4606 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee De Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAY LANDS LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 10, 2024 and assigned	
Florida document number 1.24000170676.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2111 Kelvin court	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL	
	32833	
Enter new mailing address, if applicable:	2111 Kelvin court	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL	
	32833	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new register	
	, Florida	
	CityZip Code;	
New Registered Agent's Signature, if changing Registered Agent:		

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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Connor Graham 1%	11042 Rouse Run circle	= Add
		Orlando, FL	□Remove
		32817	□Change
		·	
			□ Remove
			DAdd
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			□Remove
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effective date is listed, the date must lead the date inserted in this block.	be specific and cannot be prior to da ck does not meet the applicable	te of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.02 date will not be listed
ment's effective date on the Dep			
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ord specifies a delayed effective filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
incu.			:
d March 10th	2024		
			1

Typed or printed name of signee