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COVER LETTER

TO: Registration Se Division of Cor			
KELUN, LI Subject:	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The condition by which confi	A 1 16 1.	www.ac.com.	
	Amendment and fee(s) are sub	· ·	
Please return all correspo	ndence concerning this matter	to the following:	
	MELISSA FERNANDES		
		Name of Person	
	LUSO TAX SERVICES, I	LLC	
		Firm/Company	
	30 FAYY LANE		
		Address	
	PALM COAST FL 32137		
	-	City/State and Zip Code	
	LUSOTAXSERVICES@G	MAIL.COM to be used for future annual report noti	
For further information co	oncerning this matter, please c	·	neadony
WILLIAM DELGADO		908 255-8488	
Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addres</u>		Street Address:	
Registration Section Division of Corporations		Registration Sec	
DO Doy 632	•	Division of Cor	•

P.O. Box 6327

Tallahassee, FL 32314

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

Tallahassee, FL 32303

ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELUN, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/22/2024}{1}$ and assigned Florida document number __L24000188439 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ഗ B. If amending 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: MELISSA FERNANDES Name of New Registered Agent: 30 FAYY LANE New Registered Office Address: Enter Florida street address __, Florida 32137 Zip Code PALM COAST City

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.

Mollos Hanging 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>	Name	Address	Type of Action
MGR	WILLIAM DELGADO	119 LINDSAY DR PALM COAST FL 32137	
			□Remove
			□Change
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(If an effe Note:	ve date, if other than the date of filing: (optional) ective 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 605.021 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
he record ord is file	I 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
	NI 29 30016
Dated _	May 27 . 2029.
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00