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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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08/04/24--0100S--013 \*\*80.00



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Kaus Holdin	ng Group LLC		
SUBSECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Francisco J. Rodriguez	to the rone mag.	
		Name of Person	<del></del>
	Kaus Holding Group		
		Firm/Company	<del></del>
	PO Box 701283		
		Address	
	Saint Cloud, FL 34770-128	33	
		City/State and Zip Code	1,112,120
	rodriguezfj@frandary.com	to be used for future annual report not	ification
For further information c	oncerning this matter, please c	·	, and a second
Francisco J Rodriguez		at (407 837-5681	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahanasa El 20214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 M. Manney Course Code, 010

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 05/01/24 and assigned Florida document number L24000203164 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO Box 701283, St. Cloud, FL 34770-1283 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Cirv

## New Registered Agent's Signature, if changing Registered Agent:

Kaus Holding Group LLC

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.

N A 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
MGR	Francisco J. Rodriguez	PO Box 701283, St. Cloud. FL 34770-1283	<b>Z</b> I∧dd
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`an effective date is I. <u>Note:</u> If the date in locument's effective	ve date on the Department	t of State's records.			
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Typed or printed name of signee