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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	3M Tunir Name of Lim	19 LLC ited Liability Company	
	amendment and fee(s) are sub	-	
	Kurtis Em	Manuel Miller Name of Person	TR
	3/	M Tuning LLL Firm/Company	
	335	Cloverdale Ro	<u>.</u>
	Winter Ho	W Cn / FL / 3389 City/State and Zip Code	ication)
	Kurtmill E-mail address: (to be used for future annual report note	lication)
For further information co	neerning this matter, please co	all:	
Kurtis E. mil Name of	Person	at (<u>863</u>) 330 - Area Code Daytim	3194 : Telephone Number
Enclosed is a check for the	: following amount:		
S \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on May 17, 2024 and assigned
Florida document number <u>L24000229364</u>	· -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
<u>KASG</u> Industries LLC	<u> </u>
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
	Enter Florida street address
	, Florida
	City 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 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

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing: (option of the prior to date of filing or more than 90 days after file	nal) iling.) Pursuant to 60	5.0207 (
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be lis	ted as t
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