L24000254572

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
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(B	usiness Entity Nar	ne)
(D	ocument Number)	
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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ECIAL I	INSTRUCTIONS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20112110000110

KSI MAI	NAGER LEC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L24000254572	ny were filed on 06/04/2024	and assigned
This amendment is submitted to amend the following:	idment is submitted to amend the following: ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." A principal offices address, if applicable: I office address MUST BE A STREET ADDRESS) A w mailing address, if applicable: address MAY BE A POST OFFICE BOX)	
A. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" 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)		
3. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	C. Fl. H H	2 E
	Enter Florida street address Floric	
	City	Zip Code
Saw Davistand Asant's Signature (Cahanging Davistana) Agan		, ···· 🗜

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, 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	SP VP MM, LLC	400 4TH AVE S 309	~ Add
		SAINT PETERSBURG, FL 33701	□Remove
			□ Change
MGR	MPI FO MM LLC	2002 COFFEE POT BOULEVARD NE	Z Add
		ST. PETERSBURG, FL 33704	□Remove
		 	□Change
			□Add
			□Remove
			□Change
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	Signature of a member or authorized representative of a member
	Peter Powers
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Filing Fee: \$25.00