7/3/24, 4:48 PM





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To.

Division of Corporations

Fax Number

: (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALOHA KAI LANI, LLC

Certificate of Status	0
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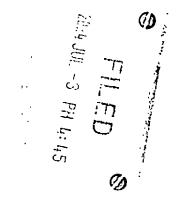
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DEPA LANG COMPONATIONS

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T. LEMIEUX

7/3/2024 13:53:41 PDT · To: 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aloha Kai Lani, LLC		
( <u>Name of the Limited Liability Com</u> (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 L24000257433	ny were filed on 06/05/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the ab	breviation "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)		
B. If amending the registered agent and/or registered offic	and describe an are resource on the the name	a of the law wedgetors
B. It 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	Go i
	,	
Name of New Registered Agent:		
New Registered Office Address:		94:
The in registered symbol reducing.	Enter Florida street address	OD:
	, Florida	
	Cin	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.

To: 18506176383

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Fax: 8134365206

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	POLL, JOSCELYN	7901 4TH ST N STE 300	□ Add
		ST. PETERSBURG, FL 33702	□Remove
			⊡Change
MGR CULVER, ALEXANDER	CULVER, ALEXANDER	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	□Remove
		<u> </u>	
AMBR LESTER GESTELAND	6859 Sunset Meadow Dr.	<b>☑</b> Add	
		Windsor, WI 53598	□ Remove
			\tau \tag{Change}
			□ Remove
			☐ Change
		□Add	
		□Remove	
		□Change	
			🗇 Add
			□Remove
			□Change

	Signature of a member of authorized repre	esculative of a memoci
	Signature of a member or authorized repre	
Dated July 3	2024	
he record specifies a detayed effeord is filed.	ctive date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) I he 90th day after the
(If an effective date is fisted, the date Note: If the date inserted in this	the date of filing:  must be specific and cannot be prior to date of the block does not meet the applicable statute. Department of State's records.	(optional)  iling or more than 90 days after filing.) Pursuant to 605,0207 ( fory filing requirements, this date will not be listed as the
		<del> </del>
		<u>.                                    </u>