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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: KA LIFESTYE Name of Limited	SERVICES LLT d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
KEVIN AN	HONIO Name of Person STYTE SERVICES LUT Firm/Company
278 LIVE	DAK LANE Address
	EATH FL 334260 City/State and Zip Code
E-mail address: (to	BZ@icloup.coM be used for future annual report notification)
For further information concerning this matter, please call	
KEVN ANTONIO Name of Person	at (501) 403-9403 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K1 LiFESTYIE (Name of the Limited	SERVICES d Liability Company as	it now appears on our re	cords.)	
The Articles of Organization for this Limited Lia	bility Company wer			and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	·	ompany, the designation "	LLC" or the ab	breviation "L.L.C.
Enter new principal offices address, if applica				n.;
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>			.;
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			7.	ch ."
Enter new mailing address, if applicable:	_		- 69 9	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<u> </u>	<u> </u>
	_		<u> </u>	2
B. If amending the registered agent and/or re agent and/or the new registered office address		ess on our records, <u>er</u>	iter the nam	e of the new registered
Name of New Registered Agent:	KEVIN	ANTONIO		
New Registered Office Address:	228 LIVE	OAK LANE Enter Florida street ac	ddress	
	BOUNTONT	SEATH City	, Florida	33426 Zip Code

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

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		228 LIVE OAK BOYNHON BEACH:	FL 37426 Remove
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<u>e:</u> If th		in this bloc	k does not me	eet the applica	able statutory fil					
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