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## **COVER LETTER**

то:	Registration Sect Division of Corpo			
SUBJE	cr. KAIS	SER SPORT	S LLC	
00001			nited Liability Company	
The enc	losed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		L	_eo Yim	
			Name of Person	
		BNY_	Group LLC Firm/Company	
			teve Reynolds Blvd #105  Address	
			Address	
		Duluth	City/State and Zip Code  a) bnytax. com  (to be used for future annual report notification)	
		1 0	City/State and Zip Code	
		E-mail address: (1	(to be used for future annual report notification)	
For furt	her information con	cerning this matter, please ca		
	Leo	Yim	at (678) Area Code Daytime Telephone Number	
	Name of P	erson	Area Code Daytime Telephone Number	
P I	1: 1.16.4	6.11		
	d is a check for the			
\$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Mailing Address:		Street Address:	
	Registration Se		Registration Section	
	Division of Cor P.O. Box 6327	porations	Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL	. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAISER SPI	ORTS	LLC				
(Name of the Limited Liability C (A Florida Lir	ompany as it now nited Liability Con	appears on our npany)	records.)		_	
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000 444634</u> .	pany were filed	on Octobe	er 17, 20	14 and	l assign	.ed
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability comp	any here:				
The new name must be distinguishable and contain the words "Limited	Linkilin Company	" the designation	"IIC" or the	ahbrasiatios	• "I I C	1 17
·	Liability Company	y, the designation	n LLC or me	100164181101	I L.L.C	-
Enter new principal offices address, if applicable:					<del></del>	
<u> Principal office address MUST BE A STREET ADDRES</u>	<u>(S)</u>	<u></u>		<del></del>	<u></u>	<del></del>
					<del> 1</del>	<del>··</del>
				: . :	ယ	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)				(** <u>*</u>	₹.	
				<u>fii</u>	12	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address or	our records,	enter the na	me of the	new r	egisterec
Name of New Registered Agent:						
New Registered Office Address:						
	E	nter Florida street	address			
_ <u></u>			, Florida _			
	City			Zip Co	ode	

## 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 **Address Type of Action** Name 158 Laurel Gate LN WAdd Choi, Wanyong St Augustine, FL 32092 | Remove AR Leo Yim 3365 Steve Reynolds Blud \$105 Add Duluth, GA 30096 VIREMOVE 158 Laurel Gate LN VAdd AR Choi, Wanyong St Augustine, FL 32092 Remove \_\_ Change □Remove \_\_\_\_ Change Remove \_\_\_\_\_ Change  $\square$ Add □ Remove □ Change

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an effecti Note: If t	date, if other than the date of filing:
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ated/	Vovember 26th, 2024
	Chi W
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00