(((H240004167173)))



H240004167173ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone : (407)370-3686

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

Email Address: assistant2.larson@larsoncom

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

LC AMND/RESTATE/CORRECT OR M/MG RESIGN KALIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

TO:18506176383 FROM: 4073703120 Page: . 2 . 12/19/2024 09:23 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company was lorida document number 1.24000496754		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>دع</u>
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		(19 PH 2: 18
3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	me of the new registo
Name of New Registered Agent:		···
New Registered Office Address:	Enter Florida street uddress	
	Florida	
	, Fiorida, Fiorida	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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

(((H24000416717 3)))

Page: 3 · 12/19/2024 09:23 AM TO:18506176383 FROM:4073703120

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
AMBR	Da Rosa Nasser Savoia, Kassila	AVENIDA TIRADENTES, 968 APTO 2101	□Add
		MARINGA, PR 87013-260 BR	□Remove
			≣ Change
AMBR	Da Rosa Nasser, Analia	AVENIDA TIRADENTES, 968 APTO 2501	□Add
		MARINGA, PR 87013-260 BR	
			□ Change
			□Add
			IRemove
			□ Change
	walling and a supplied programme of the supp		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			CIAdd
			TiRemove
			🗆 Change

Page: 4 . 12/19/2024 09:23 AM TO:18506176383 FROM:4073703120

(((H240004167173)))

DAOUD NASSER	The state of the s	and the second s	·	
n Cab	fignature of a member or author	rized representative of a m	ember	
Dated December 11	. 2024			
f the record specifies a delayed effective ecord is filed.	date, but not an effective til	ne, at 12:01 a.m. on the	earlier of: (b) The 90th o	day after the
2. Effective date, if other than the configuration of the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be prior ck does not meet the applica			
				
				·······
				

Filing Fee: \$25.00

.. Doc ID: 0d77ffe065e6e55f6ehf5ee38c8135dc0382020h