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COVER LETTER

TO: Registration Se Division of Cor				
Koma God	xds LLC			
SUBJECT:	Name of Lin			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Daniel Benevides			
		Name of Person		
	-	Firm Company		
	800 N Miami Ave Apt 305)		2025 AUG 19
		Address		
	Miami FL			•
	dantelbfarias@hotmail.com	City/State and Zip Code		PM 5: 02
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notificati	lon)	30.2 20.2
Daniel Benevides		305 433 1631 at ()		
Name o	of Person	Area Code Daytime Tel	lephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Section	n	
Division of Corporations		Division of Corpor	ations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on	08/04/2025	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2025
		 -	
			AUG 19 PM 5: 02
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			PH 5: 0.
	-		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our re	ecords, <u>enter the na</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ada street address	
		Florida	Zip Code
	City	i iorida _	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniel Benevides de Farias	800 N Miami Ave Apt 309 Miami FL 33136	\left\(\begin{align*} \text{Add} \\ \end{align*}
			□Remove
			□ Change
AMBR	Giovanna Tartarel	800 N Miami Ave Apt 309 Miami FL 33136	= Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
	_	
		
		
	_	
		
	_	
Effective date, if other than the date of filing:		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day cord is filed.	<u></u>	2025
Dated OR-14/2025 08/14/2025 MIAMI Daniel Beneviden de Farin		AUG 19
Daviel Benevices of a member or authorized representative of a member		9 PM 5:02
DANIEL RENEVIDES DE FARIAS Typed or printed name of signee		5: 02

PTF. P. C. PAR ON