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	To: Division of Corporations Fax Number : (850)617-6383				
	From: Account Name : SERBER & ASSOCIATES, Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393	P.A.			
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: INFO@SERBEDIANFIDT.CDT				
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/20/2023 14:15	H 2300	FAX)	P.002/003
APPLICATION BY FOREIGN LIMI AMENDMENT TO CERTIFICAT BUSINESS	TED LIABILITY C E OF AUTHORITY IN FLORIDA	COMPANY TO FIL 7 TO TRANSACT	Æ
SECTION I (1-4	must be completed)		
1. Name of limited liability Company as it appears on th State: <u>KELTTER LLC</u>	e records of the Florida Dep		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) 		,	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			
2. The Fiorida document number of this limited liability			
3: Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida:		1.31 · · · ·	
SECTION II (5-9 complete only the applicable chang	es)		
 5. New name of the limited liability company:	ain "Limited Liability Comp	ariy, " "L.L.C.," or "LLC."	*) =
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or		siness in Florida and attach mate name. The alternate n 5. 3	a C àine
 If amending the registered agent and/or registered offi registered agent and/or the new registered office address 	icer address on our records; ; ; here:	enter the name of the new	
Name of New Registered Agent: DOMINIQUE MILA		·	-
New Registered Office Address: 2737 KINSINGTON C			
	Enter Florida S		
FORTLA	City	_, Florida <u>33332</u> Zip Code	-
<u>New Registered Agent's Signature. If changing Register</u> I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and a and accept the obligations of my position as registered a document is being filed to merely reflect a change in the liability company has been wortfied in writing of this cha	red Agent: d agree to act in this capacit, complete performance of my agent as provided for in Cha e registered office address, I	inter 605, F.S. Or, if this	

If Chariging Registered Agent. Signature of New Registered Agent

Fitle/ Capacity			
	Name	Address Ty	vpe of Action
MGR	GERMAN BELTRAME	20900 NE 30 AVE STE 703	Add
		AVENTURA, FLORIDA 33180	Remove
MGR	DOMINIQUE MILA	2737 KINSINGTON CIRCLE	EAdd
		FORT LAUDERDALE, FLORIDA 33332	Remove
AP	GERMAN BELTRAME	20900 NE 30 AVE STE 703	🗔 Add
		AVENTURA, FLORIDA 33180	Remove
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aforemention	inder the law of which this entry is	d by the official having custody of records in the argument	
	DOMINIQUE MILA	e of the authorized representative	

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