L12000113184

(Requ	uestor's Name)	
(Addi	ess)	
(Addi	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Doce	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

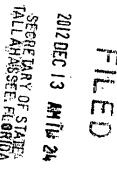
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EVARINER



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

MALI FLORIDE

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLEO COLLANGE

Name of Person

KPL MANAGEMENT LLC

Firm/Company

299 CAMINO GARDENS BLVD #201

Address

BOCA RATON, FL 33432

City/State and Zip Code

CLEO@KPLDEVELOPMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEO COLLANGE

{.,}561.447-7977

Name of Person

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 &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee, Certificate of Status & Certified Capk = (additional copy is and

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· MALI FLORIDE			
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)		
(A FIORUS Ellino	Liability Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/04/2012	and assigned	
Florida document number L12000113184			
Plottua document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company," the designation	"LLC" or the abbreviation	
T		201 SE	
Enter new principal offices address, if applicable:		2 2 7	
(Principal office address MUST BE A STREET ADDRESS)		ARE OF THE PROPERTY OF THE PRO	
		\$ 5 E	
		The Property of the Property o	
Enter new mailing address, if applicable:		PESSE D	
• • • • • • • • • • • • • • • • • • • •		元 29	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address on our records, ente	er the name of the nev	
registered agent and/or the new registered office address h			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	Enter Florida street address	
	, Florida		
 -	City	Zip Code	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title .	<u>Name</u>	Address	Type of Action
MGRM	ANDRE FARGET	626 RUE HECTOR BERLIOZ	Add
		01480 BEAUREGARD, FRANCE	Remove
MGRM	ERIC KORCHIA	160 W CAMINO REAL	_ Add
		BOCA RATON, FL 33432	Remove
		SECRETARY OF STADES ALBRIDA	Add Remove
			Add Remove
			Add Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>_</u>	
_	
•	
_	
– Dated	<u> </u>
.	
	Signature of a member or authorized representative of a member
	ERIC KORCHIA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00