

L14000157183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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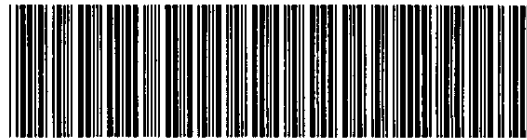
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KALOS HOLDINGS LLC

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:

SANDRA MARCELA GOMEZ

Name of Person

A&G ACCOUNTING AND FINANCIAL SERVICES LLC

Firm/Company

1200 ANASTASAIA AV SUITE 412

Address

CORAL GABLES FLORIDA, 33134

City/State and Zip Code

m.gomez@agaccountservice.com

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

For further information concerning this matter, please call:

Sandra Marcela Gomez

786
at ()

838 7062

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 Copy
(additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KALOS HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/08/2014 and assigned
Florida document number L14000157183.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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:

(Principal office address MUST BE A STREET ADDRESS)

19201 COLLINS AVENUE APT 1001

SUNNY ISLANDS 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WILMAN OSORIO GOMEZ	19201 COLLINS AVENUE	☒ Add
		APTO 1001	☐ Remove
		SUNNY ISLANDS 33160	☐ Change
AMBR	MAURICIO JIMENEZ ISAZA	19201 COLLINS AVENUE	☒ Add
		APTO 1001	☐ Remove
		SUNNY ISLANDS 33160	☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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Dated **02/23** 2018

Carlos Escobar A.V.

Signature of a member or authorized representative of a member

CARLOS GUSTAVO LONONO AMER

Typed or printed name of signee