## 114000157183

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## **COVER LETTER**

TO: Registration Division of C			
KALOS SUBJECT:	HOLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Cynthia Andrade		
		Name of Person	
	2385 NW Executive Drive	Firm/Company #100	
		Address	
	Boca Raton, FL 33431		
	candrade@achievegea.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	a concerning this matter, please c	all:	
Cynthia Andrade		561 451-6330	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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)
MA	ILING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KALUS HULDINGS LLC		
( <u>Name of the Limited Liability Comp</u> an (A Florida Limited Li	y as it now appears on our record ability Company)	<u>v.)</u>
The Articles of Organization for this Limited Liability Company v	vere filed on 10/8/14	and assigned
Florida document number <u>L14000157183</u>		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		18 SI
		<del>P</del> 28
		$\frac{1}{\omega}$
Enter new mailing address, if applicable:		200 ti <b>2</b> 200 ti
Mailing address MAY BE A POST OFFICE BOX)		5 5
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B. If amending the registered agent and/or registered officesistered agent and/or the new registered office address here:		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	P 19	
	Enter Florida street addres.	S.
	, Fle	orida
	City	Zin 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. Thereby 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>	Type of Action
MGR	Cynthia Andrade	2385 NW Executive Drive #100 Boca Raton, Fl. 33431	<b>■</b> Add
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ective date, if	f other than the da	te of filing	09/07/2018 :			(optic	onal)	
effective date is	listed, the date must be inserted in this block	specific and	cannot be prio	r to date of fil cable statute	ng or more tha	n 90 days after	tiling.) Pursuan	t to 605.02 be listed :
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Filing Fee: \$25.00