# L17000012784

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



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D. SCOTT MAR 2 8 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2017

ANDREW NGUYEN 3225 MCLEOD DR, SUITE 100 LAS VEGAS, NV 89121

SUBJECT: KALIA FL, LLC Ref. Number: L17000012784

We have received your document for KALIA FL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 017A00004739





# **COVER LETTER**

	n of Corpora	tions			-	
Subject:	Kalia FL, I	LLC	•	** *		
SOBJECT:		Name of Lim	ited Liability Company			
The enclosed Art	icles of Ame	ndment and fee(s) are sub	mitted for filing.			
Please return all	corresponden	ce concerning this matter	to the following:			
			Andrew Nguyen			
	_		Name of Person		<del> </del>	
		Ar	derson Business Advisors			
			Firm/Company			
	3225 McLeod Drive, Suite 100					
			Address		·····	1
		•	Las Vegas, Nevada 89121			
	_		City/State and Zip Code			
			guyen@andersonadvisors.c		:	78 <b>7</b>
Ear further inform	notion concer	E-mail address: ( ning this matter, please ca	to be used for future annual re	port notification	n)	1000 第四
roi turnici miori	nation concei	ning this matter, please ca	aii.		,	路 2 斤
A	Andrew Nguy	en	800 706	5-4741		S 21 P
	Name of Pers	on	Area Code	Daytime Tele	phone Number	STATE FLOWIDA
Enclosed is a che	ck for the fol	owing amount:				
■ \$25.00 Filing	g Fee   🗆	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	•	Certified	e of Status &
		•				

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

	Kalia FL, LLC	
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	ty Company were filed on January 17, 2017	and assigned
his amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
'he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>	
•	:	<u> </u>
		三三
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office and/or the new registered agent and/or the new registered agent agent and/or the new registered agent a</li></ol>	·	the name of the
Name of New Registered Agent:		PH.1:5
New Registered Office Address:		Dr. 2
	Enter Florida street address	
_	, Florida	7:- C- 1-
	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>	Address	Type of Action
MGR	Alexander Collado-Toro	1905 W. 4700 S. #215	■ Add
		Salt Lake City, UT. 84129	□ Remove
. <del>-</del>			
			Add
			Remove
		·	Change
			□ Add
			□ Remove
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		· · · · · · · · · · · · · · · · · · ·	Add T Remopel
			Change 52
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ettective e: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ffective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ne 90th	day after the record is filed.
	February 22 2017
<b>e</b> d	
	MIM.
	A V.PY XW
_	Signature of a member of authorized representative of a member
_	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00