(Re	questor's Name)
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Certified Copies	Certificates of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	AGEMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Georgios T Kalcas		
		Name of Person	·
	K&A MANAGEMENT LL	.0	
		Firm/Company	
	8625 MIDNIGHT PASS	RD. UNIT B307	
		Address	<del></del>
	SARASOTA, FL 34242		
	hestate8@gmail.com	City/State and Zip Code	
		to be used for future annual report no	tification)
	concerning this matter, please c		
Thomas Kalcas		401 286-3778 at()	me Telephone Number
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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)
•	ANG ADDRESS:		RIER ADDRESS:
Divisio	ration Section on of Corporations	Registration Sect Division of Corp	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive C Tallahassee, FL 3	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&A MANAGEMENT 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 7/26/2018  Florida document number L18000179713	and assigned
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:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	8 /1SEC
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AUG 23 PM 1: 12
B. If amending the registered agent and/or registered office address on our records, see registered agent and/or the new registered office address here:	enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	

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

	g Authorized Person(s) authorize   from our records:	d to manage, enter the title, name, and address	of each person being ad
MGR = N AMBR = A	lanager Authorized Member		
<u> Fitle</u>	Name	Address	Type of Action
Mgr	Georgios T Kalcas	PO BOX 7666 CUMBERLAND, RI 02864 UN	■ Add
			□ Remove
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. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note: If the da document's effe	if other than the date of filing:	iot he listed	l as
	ay after the record is filed.	ie earlier	U
Dated			
	67./		
	Signature of a member or authorized representative of a member	<del></del>	
	GEORGIOS T. KALCAS		
	Typed or printed name of signee		

Filing Fee: \$25.00