

# L030000004215

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SHERYL SECKEL HUNTER PA  
Account Number : I20200000028  
Phone : (813)867-2640  
Fax Number : (813)867-2641

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: annualreports@hunterbusinesslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KARMA HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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SEP 10 2020

2020 SEP -9 AM 8:10

2020 SEP -9 AM 10:59

SEP 10 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KARMA 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:

Katelyn J. Dougherty

\_\_\_\_\_  
Name of Person

Hunter Business Law

\_\_\_\_\_  
Firm/Company

119 S. Dakota Avenue

\_\_\_\_\_  
Address

Tampa, FL 33606

\_\_\_\_\_  
City/State and Zip Code

annualreports@hunterbusinesslaw.com

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

For further information concerning this matter, please call:

Katelyn Dougherty

\_\_\_\_\_  
Name of Person

at ( 813 ) 867-2640

\_\_\_\_\_  
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)

**MailingAddress:**

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

**StreetAddress:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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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>
MGR	MARC BLUMENTHAL	2900 W. JULIA STREET	<input type="checkbox"/> Add
		UNIT 1601	<input type="checkbox"/> Remove
		TAMPA, FL 33629	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated September 8, 2020

A handwritten signature in dark ink, appearing to be "M." or similar, located at the bottom right of the page.

Signature of a member or authorized representative of a member

Marc Blumenthal, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**

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