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-SECRETARY OF STATE-

JUL 25 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

KATS ENTERPRISE, 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:

WILLIAM G. K. SMOAK

Name of Person

SMOAK & CHISTOLINI

Firm/Company

320 W. KENNEDY BLVD. 4TH FLOOR

Address

TAMPA, FL 33606

City/State and Zip Code

BILLSMOAK@FLATRIALCOUNSEL.COM

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

For further information concerning this matter, please call:

WILLIAM G K SMOAK

_813、**221-1331**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KATS ENTERPRISE, LLC

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

•	• 1 • 7		
The Articles of Organization for this Limited Liab	ility Company were filed on 2/20/2007	and assigned	
Florida document number L07000019349			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with t "L.L,C."	he words "Limited Liability Company," the designation	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)	7A 25	
		SET T	
		MZ: 44 FILORIB	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
Tow registered Office Address.	Enter Florida street address		
	. Flori	g.	
•	City	Zip Code	
Navy Desistance Assetts Signature if shoughs Des	determed Ament.		

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ANTHONY KATSARELIS	14540 7TH ST	Add
		DADE CITY, FL 33523	Remove
MGRM	NOMIKI KATSARELIS	512 CYPRESS BEND	Add
		OLDSMAR, FL 34667	Remove
		AT C	Add I
		ASS SS FL	ζ ρτ ;
			₹ ''
			Remove
			Add
			Remove
			Add
			Remove
			

D. II amend	Ing any other information, enter change(s) here: (Allach additional sheets, if necessary.)
Dated JUL	Y 24 2013
	Signature of a member or authorized representative of a member WILLIAM G. K. SMOAK
	Typed or printed name of signee Page 3 of 3
	Filing Fee: \$25.00

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