

LO7000019349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

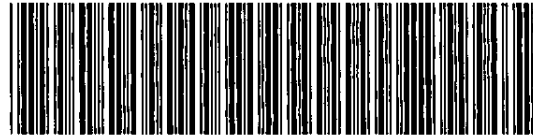
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800249728558

07/25/13--01033--001 \*\*200.00

FILED

2013 JUL 25 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

Name of Person

**813 221-1331**

at ( )

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUL 25 PM 12:44

FILED

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

KATS ENTERPRISE, LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTHONY KATSARELIS	14540 7TH ST	<input type="checkbox"/> Add
		DADE CITY, FL 33523	<input checked="" type="checkbox"/> Remove
MGRM	NOMIKI KATSARELIS	512 CYPRESS BEND	<input type="checkbox"/> Add
		OLDSMAR, FL 34667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2013 JUL 26 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

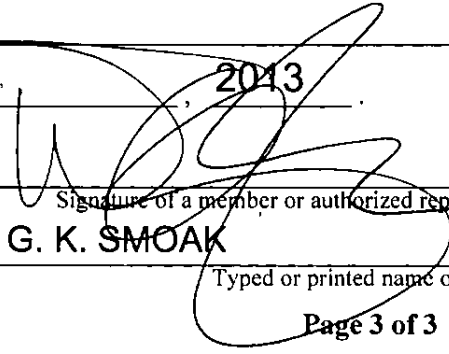
---

---

---

---

Dated **JULY 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

FILED

2013 JUL 25 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA