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COVER LETTER

SUBJECT:	AMARA	K LLC	
	Name of Limit	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter t		
•			
	HALINA	Strout	
	TAMARA	Name of Person Firm/Company	<u>C</u>
	11163 S.W.	AGNES S	5t
	ARCADIA,	FL. 34 City/State and Zip Code 5 mb (2000)	269 vil com
	E-mail address: (to	o be used for future annual report	notification)
For further information co	ncerning this matter, please ca	II:	
HALINA Name of	Strout	at (<u>94/</u>) <u>80</u> Area Code Day (<u>94/</u>) 62	0 - 7105 or rime Telephone Number 4 - 0355
Enclosed is a check for the	e 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)
	NG ADDRESS:	STREET/COU	JRIER ADDRESS:

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

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

If amending the registered agent and/or regist istered agent and/or the new registered office additional Name of New Registered Agent: New Registered Office Address:		Florida street address	1 9 47
istered agent and/or the new registered office add not be recommended. Name of New Registered Agent:			
istered agent and/or the new registered office add		<u> </u>	
If amending the registered agent and/or regist istered agent and/or the new registered office add			
If amending the registered agent and/or regist istered agent and/or the new registered office addu	-		
If amending the registered agent and/or regist	ress here:	,	01
If amending the registered agent and/or regist	tered office address	on our records, <u>enter t</u>	he name of
			
niling address MAY BE A POST OFFICE BOX)		:	
ter new mailing address, if applicable:			
incipal office address MUST BE A STREET ADDR	(ESS)		
ter new principal offices address, if applicable:			
new name must be distinguishable and contain the words "Limi	ited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.
if amending name, enter the new name of the anni	ice nathry company	y neie.	
If amending name, enter the new name of the limi	ited liability compan	v horo	
s amendment is submitted to amend the following:			
rida document number <u>L 09 00 0/05</u> 7	<u> </u>	<i>I</i>	
Articles of Organization for this Limited Liability Co	ompany were filed on	11/03/2009	and assig
		1 1	
(Name of the Limited Liabilit (A Florida	Limited Liability Compa	uny)	

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address C+	Type of Actio
AMBR/I	MGR HAliNA Strout	11163 SW. agnes St. Arcadia, Fl., 34269	🗆 Add
			Remove
		WC2 OU dance Ct	Change
MGRM	Christy Kreiter	11163 S.W Olgnes St. Arcadia, FL., 34269	
	·		Remove
			Change
			□ Add
			□ Remove
	,		Change
	,		□ Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			D Add
			□ Remove
,			Change

Famending :	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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<u></u>	•
an effective dat lote: If the da	e, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie day after the record is filed.
ated <u>Oc</u>	8/14, 2019
 	Signature of a member or authorized representative of a member
	HAlina Strout
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00