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**EXAMINER** 

## **COVER LETTER**

	ion of Corporations		
SUBJECT: _	KATAI, LLC		
_	Name of Limited Liability Company		
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.		
Please return a	Ill correspondence concerning this matter to the following:		
	CRISTINA GIL VARGAS		
	Name of Person		
	KATAI, LLC		
	Firm/Company		
	5341 HAWKHURST AVE.		
	Address	Zz e	3
	SOUTHWEST RANCHES, FL. 33331  City/State and Zip Code	SECRETARY ABLAHASSE	: } "?
	CRISTYG99@COMCAST.NET	TAR) ASS	
	E-mail address: (to be used for future annual report notification)	771	•
For further info	ormation concerning this matter, please call:	MI H: 06 FLORIDA	U
	CRISTINA GIL VARGAS at ( 786 ) 325-9073  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a c	heck for the following amount:		
<b>₹</b> 25.00 Filii	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &	
	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

KATAI,	LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea ability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	OCT. 25, 2011	and assigned	
Florida document numberL11000126678				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			AS BE	
(Principal office address MUST BE A STREET ADDRESS)				
			\$50 C	
Enter new mailing address, if applicable:			SY OF S	
(Mailing address MAY BE A POST OFFICE BOX)			TATE B	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on :	our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ei	nter Florida street addr	ess	
	Florida			
· · · · · · · · · · · · · · · · · · ·	City	, FIOTIUA	Zip Code	

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** MGR JOSE MIGUEL VARGAS 5341 HAWKHURST AVE ☐ Add SOUTHWEST RANCHES, FL. 33331 \_ Remove ☐ Remove  $\square$  Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) DECEMBER 12, Signature of a member or authorized representative of a member CRISTINA GIL VARGAS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00