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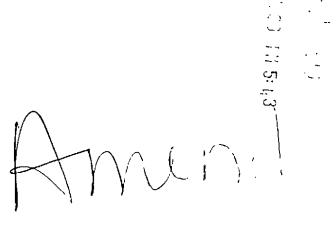
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COVER LETTER

	tion Section of Corporations
	ta Holdings, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	tles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Benjamin J. Genet
	Name of Person
	Karka Holdings, LLC
	Firm/Company
	7071 W Commercial Blvd., Suite 2A
	Address
	Tamarac, Ft. 33319
	City/State and Zip Code
	debbie@genetgroup.com
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Debbie Craig	954 616-5245 or 954 572-9159 at ()
?	at () Jame of Person Area Code Daytime Telephone Number
Enclosed is a check	: for the following amount:
\$25.00 Filing F	Cee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, F1, 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

Karka Holdings, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C	company were filed on October 22, 2012	and assigned
Florida document number L12000134025	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		201
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2-A
		 ω
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cin	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 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 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>	Name	<u>Address</u>	Type of Action
MGR	Karka Holdings, LLC & Consolidated		
		7041 W Commercial Blvd., Tamarac, FL 33319	_ ■ Remove
			Change
MGR	Benjamin J Genet	7041 W Commercial Blvd., Tamarac, FL 33319	Add
			☐ Remove
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			□ Remove
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If an effective of Note: If the	late is listed, the di date inserted in	in the date of f are must be specific this block does n the Department	e and cannot be not meet the ap	oplicable statut	iling or more that ory filing requi	(option 90 days after the rements, this	iling.) Pursuant te	i 605.02 listed
he record s	specifies a de	layed effective record is fil	ve date, bu		ective time,	at 12:01 a	.m. on the e	arlier
Dated	9		2019	·				
			\bigcirc					
	_/	USignature	of a member or	authorized repre	esentative of a m	ember		

Filing Fee: \$25.00