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EXAMINER

COVER LETTER

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TO: Registration Section Division of Corpor		
SUBJECT: Kite	Farm Miami, LLC	
	Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
_	Sacha A. Ceruti	
	Name of Person	
_	Kite Farm Miami, LLC Firm/Company	
	Firm/Company	
_	5001 Collins Ave., Apt. 16B	
	Address	
_	Miami, FL 33140	TAL: 13
	City/State and Zip Code	TIL JAN 25 ALLAHASS
	the kitefarm Egmail.com	2 =
_	E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	PH 12: 33
Sacha A.	at (505)	
Name of Per	rson Area Code & Daytime Telephone N	umber ,

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

Kite Farm	n Miami, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>004</u> 	10ber 31,2012	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	•	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compan	y," the designation "LLC	or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u></u>	TALLAH.	5 TI
Enter new mailing address, if applicable:		ASSET	25
(Mailing address MAY BE A POST OFFICE BOX)		7	
B. If amending the registered agent and/or registered agent and/or the new registered office address.		محتز	
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street addres	SS
		. Florida	
	City		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 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>	Name	Address	Type of Action
MGR	Dale Baker	PO Box 450242	Add
		Sunrise, FL 33345	Remove
MGR	Jennifer T. Ceruti	5001 Collins Ave., Apt. 16 B	
·		Miami, FL 33140	Remove
			Add
			Remove
		ALUAH	Add
		AHASSEE, FLORIDA	PH D
		ORIDA	PH D RD Add
			Remove
			Add
			Remove

. I	lf am	ending any	other information	on, enter change(s) here:	(Attach additional sheets, if necessary.)
	-				
	-				
		. <u></u>			
	-				
	-				
ite	ed	Januar	y 22		
			Signa	ture of a member or authorize	ed representative of a member
				Sacha A. Ceru	ı <i>tı</i>
		 		Typed or printed n	
				Daga 3	-f2

Page 3 of 3

Filing Fee: \$25.00

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