

LI2000160345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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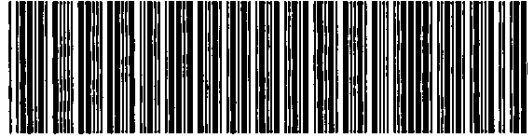
(Business Entity Name)

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TALLAHASSEE, FLORIDA

SEP 22 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KART 1, 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:

James A. Byrne, Esquire

Name of Person

Firm/Company

540 - 4th Street North

Address

St. Petersburg, FL 33701

City/State and Zip Code

floridalaw@mindspring.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Byrne

727 898-3273
at ()
Area Code Daytime Telephone Number

Name of Person

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

KART 1, LLC

Zip Code

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BERTRAND OLLIER	152 107TH AVE.	<input type="checkbox"/> Add
		TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NADIA OLLIER	152 107TH AVE.	<input type="checkbox"/> Add
		TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPHE DUFOUR	5681 EDISON PLACE	<input checked="" type="checkbox"/> Add
		CARLSBAD, CA 92008	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Dated 9/17, 2015

Signature of a member or authorized representative of a member

JAMES A. BYRNE, Auth Rep
Typed or printed name of signer