

L13 00057034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

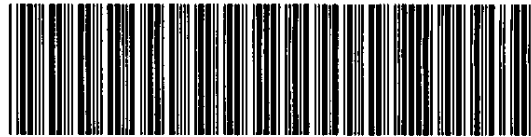
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MAR 18 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KAZA ARCHITECTURE, 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:

RAMON PEREZ

Name of Person

PBA PRODFESSIONAL SERVICE

Firm/Company

6191 ORANGE DR SUITE 6167

Address

DAVIE, FL 33314

City/State and Zip Code

ACCOUNTING@WEBPBA.COM

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

For further information concerning this matter, please call:

RAMON PEREZ

Name of Person

954 6519033

Area Code

Daytime Telephone Number

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

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TALLAHASSEE, FL 32301

KAZA ARCHITECTURE, LLC.

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	KAREN AZAGOURY	3300 NE 192 ST SUITE 508	☐ Add
		AVENTURE, FL 33180	☒ Remove
AMBR	BEATRIZ LUTWAK	330 NE 192 ST SUITE 508	☒ Add
		AVENTURE, FL 33180	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Add
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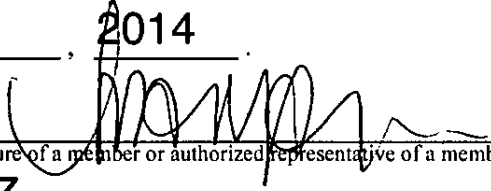
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **MARCH 06**, **2014**


Signature of a member or authorized representative of a member

RAMON PEREZ

Typed or printed name of signee

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