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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT KAF L	LC		
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Thiago Mont	agnana Garcia	
		Name of Person	
		Firm/Company	
	8218 Gemst	one Ct	
		Address	
	Orlando, FL	32836	2011 AUG 22 FH 1: 0
		City/State and Zip Code	6 22
	bru_magri@yahoo		
•	E-mail address: (t	to be used for future annual report notific	cation) is in the cation in the cation is a second in the cation in the cation in the cation is a second in the cation in the cation in the cation is a second in the cation in the cation in the cation is a second in the cation
For further information co	oncerning this matter, please ea	ıll:	药 70
Bruno Magr	i	_{at} 407 , 421-80	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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)
	ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAF LLC	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compar	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000049755	03/25/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
The new name must be distinguishable and end with the words "Limited Liability Company,"	'the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 200
(Principal office address MUST BE A STREET ADDRESS)	N 10 10 10 10 10 10 10 10 10 10 10 10 10
	10-1 67 mm
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter	· Florida street address
	, 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 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR/ MGR	Sergio Antonio Garcia Amoroso	8218 Gemstone ct	
		Orlando FL 32836	☐ Remove
AMBR/ MGR	Thiago Montagnana Garcia	8218 gemstone ct	■ Add
		Orlando FL 32836	☐ Remove
· ·			Add Remove
			Add ☐ Remove
			Add

D.	If ameno	ding any other information, enter change(s) here: (Attach additional sheets, i	f necessary.)		
	•		•		
					
R.	Effective	e date if other than the date of filing	(ontional)		
	(The effect	e date, if other than the date of filing: ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90) days after		
	the date th	his document is filed by the Florida Department of State)			
	Dated	· · · · · · · · · · · · · · · · · · ·			
		Signature of a member or authorized representative of a member			-
		Bruno Magri			
		Typed or printed name of signee	1	i i i	- 20
				== <u></u>	2014 AUS
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				*:: 🚉	\sim

Page 3 of 3

Filing Fee: \$25.00