

L14000049755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

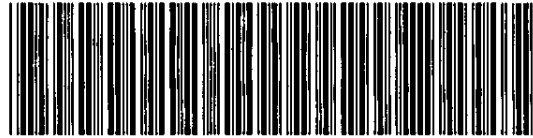
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALL INFORMATION

AUG 25 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KAF 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:

Thiago Montagnana Garcia

Name of Person

Firm/Company

8218 Gemstone Ct

Address

Orlando, FL 32836

City/State and Zip Code

bru_magri@yahoo.com.br

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

For further information concerning this matter, please call:

Bruno Magri

Name of Person

407 421-8056

at ()

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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CLERK OF COURT
STATE OF FLORIDA

KAF 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>
AMBR/ MGR	Sergio Antonio Garcia Amoroso	8218 Gemstone ct	<input checked="" type="checkbox"/> Add
		Orlando FL 32836	<input type="checkbox"/> Remove
AMBR/ MGR	Thiago Montagnana Garcia	8218 gemstone ct	<input checked="" type="checkbox"/> Add
		Orlando FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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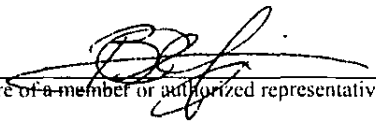
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____,


Signature of a member or authorized representative of a member

Bruno Magri

Typed or printed name of signee

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SECRETARY OF STATE
JULIA S. GILBERT

FILED