

L140000 49 755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

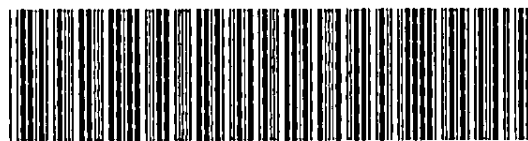
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 M Garcia

Name of Person

Firm/Company

9026 Outlook rock Tr

Address

Windermere, Florida 34786

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

407

421-8056

at (_____) _____

Name of Person

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

KAF LLC

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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>
AMBR	Vinicius M Garcia	9033 Shadow Mountain	<input checked="" type="checkbox"/> Add
		Davenport, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SERGIO ANTONIO GARCIA AMOROSO	9027 shadow Mountain	<input type="checkbox"/> Add
		Davenport, FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERGIO ANTONIO GARCIA AMOROSO	9027 shadow Mountain	<input type="checkbox"/> Add
		Davenport, FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 29th, 2019

Typed or printed name of signee