## L140000 75364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400330178864

05/11/19--010.0--000 \*\*.5.00

2019 (\*\* 1.11 | 171 2: 36

Amend

JUN 2 4 2019
I ALBRITTON

## **COVER LETTER**

TO: Registration Division of	Corporations		
SUBJECT: KAMIL	-AO, LLC		
-	Name of	Limited Liability Company	
The enclosed Articles	of American		
	of Amendment and fee(s) are		
Please return all corre	spondence concerning this mat	ter to the following:	
	Ileana Noa		
		Name of Person	<del></del>
	Concorde Land Title Ser	rvices, Inc.	
		Firm/Company	
	134 South Dixie Highwa	ay. Suite 100	
		Address	
	Hallandale Beach, FL 33	009	
	in . O	City/State and Zip Code	
	inoa@concordelts.com		
For frethouses	r-mail address:	(to be used for future annual report not	fication)
or further information (	concerning this matter, please o	call:	
Ileana Noa		305 356-8403	
Name o	of Person	at () Area Code Daytim	e Telephone Number
			•
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KAMILAO, LLC

(Name of the Lin	nited Liability Compar (A Florida Limited L	ny as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number £14000075364	Liability Company	were filed on May	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the des	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		134 South Dixic Highway, Suite 100		
(Principal office address MUST BE A STREET ADDRESS)		Hallandale Beach	, FL 33009	
Enter now mailing address: If anythoughter		134 South Dixie I	lighway, Suite 100	
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BOX")		Hallandale Beach	<u>.                                  </u>	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered off office address here:	ice address on (	our records, enter the name of the n	
Name of New Registered Agent:	Heana Noa			
New Registered Office Address:	134 South Dixie	Highway, Suite 100	)	
		Enter Floride	i street address	
	Hallandale Beach		, Florida <sup>33009</sup>	
		City	Zip Code	

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 heing 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 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>	Address	Type of Action
MGR	FABIAN PABLO OREZZI	2875 NE 191 STREET, SUITE 801	
		AVENTURA, FL 33180	
			■ Remove
		<del></del>	☐ Change
	<del></del>		□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
<u>.</u>			Add
			☐ Remove
			☐ Change
			Add
		<del> </del>	☐ Remove
			Change

<del></del>	<del></del>			
			· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	
		<del></del>		
				_ <b>_</b> _
	<del> </del>			<del></del>
	· <del></del> - · · ·	·		<del></del>
<del></del>			<del></del>	
·			· · · · · · · · · · · · · · · · ·	<del></del>
	<del> </del>	<del> </del>		
<u> </u>	<u> </u>			
ective date, if other than the date	e of filing:		(optional)	
ective date, if other than the date reflective date is listed, the date must be s	pecific and cannot be prior to	date of filing or more than	90 days after filing.) Pursuant	to 605.02
te: If the date inserted in this block of the control of the date on the Depart		ne statutory ming requir	ements, this date will not b	ie fisteu i
record specifies a delayed eff		an effective time, a	t 12:01 a.m. on the	earlier -
he 90th day after the record	is filed.			•
ed May 7	2019	$ \mathcal{D} $		
ed IVWY I	·		XLLIV	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00