## 14000079148

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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SECRE FARY OF STATE ORVISION OF CORFORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KATRA MIA 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:	
<u>KATARZYMA</u> Name of Person	ZIMPEL
Firm/Company	<del></del>
26 NE 158th	<u>S+</u>
M(AM) +L  City/\$tate and Zip Code	33162
E-mail address: (to be used for future annual repor	IAC, COM
For further information concerning this matter, please call:	
$\frac{\text{Name of Person}}{\text{Name of Person}} \text{ at } (\frac{917}{\text{Area Code}}, \frac{60}{\text{D}})$	22 4584 aytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed)	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

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ARTIC	LES OF OF	KGANIZA HON		<del></del>	<u>∠</u> υ
	OF	•		D*	SIC
	Liability Company	M (A-		US -9 PMI	FILED ST RETARY OF ST ON OF CORPUR
The Articles of Organization for this Limited Liab Florida document number <u>(46.566.7</u> This amondment is submitted to amond the follow	ility Company w <u>36</u> 3 EU	rere filed on $\frac{\Xi_{1}}{1}$	5/20/4 00079	and ase 7 148	ATEN ATE
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the					
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the designation	on "LLC" or the ab	breviation L.I	c."
Enter new principal offices address, if applicab		26 NE	15844	St 2	3/(2
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>	M	ZTMI.	<u> </u>	2162
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO					
B. If amending the registered agent and/or registered agent and/or the new registered offic		ce address on our r	ecords, <u>enter</u>	the name o	of the new
Name of New Registered Agent:	LATAR	EZYNA	21MF	EL	
New Registered Office Address:	26 N	Enter Florida stree	SF address		
	MIA	City	, Florida	FL 3 Zip Code	33162
		~ 11 I		20120 - 17116	

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 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>	Type of Action
46R	KATARZYNA ZIMPEL	26 NE 15844 St	<b>j</b> Kodd
	ZIMPEL	26 NE 15844 St MIAMI, FL 3316	□ Remove
			Change
**			
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200 mains along 16 mains along the state of 611 min	A' 10
Effective date, if other than the date of filing:	after filing.) Pursuant to 605,0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as i
ne record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	01 a.m. on the earlier of:
·	
Signature of anythorized representative of a member	
'/ / = = = 1)	
Signature of a member or authorized representative of a member	<u>- ··,                                    </u>

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Filing Fee: \$25.00