

L14000124056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

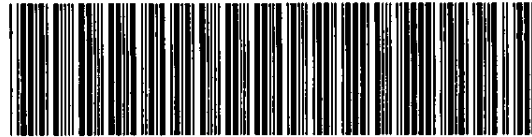
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02/14/17--01003--004 **25.00

RECEIVED
2017 FEB 13 PM 3:56
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED
2017 FEB 28 PM 3:06
CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALY

MAR - 2 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2017

MOYAL ACCOUNTING SERVICES, INC.
PATRICK MOYAL
10796 PINES BLVD, STE. 204
PEMBROKE PINES, FL 33026

SUBJECT: KAMARINA LLC
Ref. Number: L14000124056

We have received your document for KAMARINA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 617A00003038

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2017 FEB 28 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAMARINA 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:

PATRICK MOYAL

Name of Person

MOYAL ACCOUNTING SERVICES INC

Firm/Company

10796 PINES BLVD SUITE 204

Address

PEMBROKE PINES FLORIDA 33026

City/State and Zip Code

PATRICKMOYAL@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICK MOYAL

954 430-3930
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

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

KAMARINA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2017 FEB 28 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/07/2014 and assigned
Florida document number L14000124056.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10796 PINES BLVD SUITE 204

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES FLORIDA 33026

Enter new mailing address, if applicable:

10796 PINES BLVD SUITE 204

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES FLORIDA 33026

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Moyal Accounting Services Inc

New Registered Office Address:

10796 PINES BLVD SUITE 204

Enter Florida street address

PEMBROKE PINES

Florida 33026

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 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>
MGR	DANIEL PONTICELLI	14 rue des defenseurs de Verdum	<input checked="" type="checkbox"/> Add
		94130 Nogent sur Marne France	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK MOYAL	10796 PINES BLVD SUITE 204	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2017 FEB 28 PM 3:06
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 02/03/2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated FEBRUARY 3, 2017

Daniel Ponticelli
Signature of a member or authorized representative of a member

DANIEL PONTICELLI
Typed or printed name of signee