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COVER LETTER

TO: Registration Se Division of Cor	
Karor Karor	m LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	indence concerning this matter to the following:
	Karoline Muehlfellner
	Name of Person
	Karom LLC
	Firm/Company
	2270 Highland Woods Drive
	Address
	Dunedin, FL 34698
	City/State and Zip Code
	Karoline.Muehlfellner@gmail.com
	E-mail address: (to be used for future annual report notification)
	oncerning this matter, please call:
Karoline Mu	uehlfellner 727 7772626
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)				
(A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 9/24/2014 Florida document number L14000148565		and as	ssigned	
Florida document number				
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 end with the words "Limited Liability Company," the designation "LLC" or	r the abbre	viation '	L.L.C."	_
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address on our records, e registered agent and/or the new registered office address here:	nter_the	name	of the	new
registered agent and/or the new registered office address here:		7		
Name of New Desistant Assets	<u>></u> 200	00		**
Name of New Registered Agent:	ASS ASS		# Augus	` .#.
New Registered Office Address: Enter Florida street address	<u>~~;</u> ~<		<u>. į</u>	
Enter Piorua Street daaress		⊐n: ⇔	784642	
, Floric	la SE	in Pode	<u> </u>	
New Registered Agent's Signature, if changing Registered Agent:	(本)	42-000	•	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I				h the

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ROBERT MUEHLFELLA	IER 22 To Highland Woods DE	Add
		Dunedin FL 34698	□ Remove
AMBR	Karoline Muchlfellner	2270 Highland Woods Dr Dunedin FL 34698	Add Remove
MGR	Robert Huehlfellus	2270 Highland Woods Dr Dunedin Fr 34648	Add Remove
MGR	Koroline Huehlfelline	2270 Highlow Woods Dr Dunedin Fl 346P8	_□ Add
		ASSEE.	PAdd 3
		H-Mark	 _ □ Add
			_□ Remove

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		annot be more than 90 days after
Signature of a member or authorized representative of a member	date this document is filed by the Florida Department of State)	annot be more than 90 days after
Signature of a member or authorized representative of a member	date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Signature of a member or authorized representative of a member	date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
	e date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
	ated Septembe 19, 2014,	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAWASSEE, FLORID