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## **COVER LETTER**

TO:	_	tion Section of Corporations				
SUBJ	ECT:	KATO INVESTME	NT OF FLORIDA	A LLC		
	(Name of Limited Liability Company)					
The e	nclosed m	ember, resignation or dis	sociation and fee(	(s) are submitted for filing.		
Please	e return all	correspondence concerr	ning this matter to	:		
	PA	TRICIA PENA				
		(Contact Person)				
	TA	X SOLUTIONS & BOO	OKKEEPPING LI	C		
		(Firm/Company)		_		
	775	51 KINGSPOINTE PKV	VAY STE 119			
		(Address)	_	<del></del>		
	ORI	LANDO , FL 32819				
		(City/State and Zip Code)				
For fu	rther infor	mation concerning this r	natter, please call	:		
PA	ATRICIA	PENA	at (_407	930-0829		
	(Namo	e of Contact Person)		e & Daytime Telephone Number)		
	•	• •		Department of State for:		
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	Mailing A			Street Address:		
		tion Section of Corporations		Registration Section Division of Corporations		
	P.O. Box			The Centre of Tallahassee		
		sec, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## KATO INVESTMENT OF FLORIDA LLC

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appe Dability Company	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	09/09/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or th	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, enter the n	
Name of New Registered Agent:			
New Registered Office Address:			2021
New Regimered Office Rudgess.	Enter Flo	orida street address , Florida	DEC 21
	City	, 1 101104	Zip Code : 13
New Registered Agent's Signature, if changing Registered Agent:			M 9: OF ST
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paceing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in	f my duties, and I a Chapter 605, F.S. (	agree to amply with the im familiar with and Or, if this document is
If Chang	ging Registered A	gent, 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>	Name	<u>Address</u>	Type of Action
AMBR	GUSTAVO ROMER	7444 NARCOOSSEE RD STE 410	□Add
		ORLANDO,FL 32822	TRemove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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		<del></del>	□Remove
			□Change

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<del>,                                      </del>	
lf an effective <u>Note:</u> If the	te, if other than the date of filing:  12/13/2021  (optional)  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 ( date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
e record spec rd is filed.	eifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	12/13/2021
	<u></u>
_	Signature of a member or authorized representative of a member
	GUSTAVO ROMER