

L15000 029 237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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6/1

*Amend*

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DIVISION OF CORPORATIONS  
19 SEP 16 PM 2:10

*Amend*

SEP 19 2019  
D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KARGIP ENTERPRISES 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:

KAREL DIBOS

Name of Person

KARGIP ENTERPRISES LLC

Firm/Company

951 BRICKELL AVE, SUITE 4107

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

kareldibos@hotmail.com

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

For further information concerning this matter, please call:

Karel Dibos

Name of Person

at (786) 474-7333

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

19 SEP 16 PM 2:10

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

\* check already  
sent.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2019

KAREL DIBOS  
KARGIP ENTERPRISES LLC  
951 BRICKELL AVE., #4107  
MIAMI, FL 33131

SUBJECT: KARGIP ENTERPRISES LLC  
Ref. Number: L15000029237

We have received your document for KARGIP ENTERPRISES 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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 319A00018079

RECEIVED  
2019 SEP 16 4:11:19

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

KARGIP ENTERPRISES LLC

(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 02/16/2015 and assigned Florida document number L15000029237.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 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 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>
AMBR	HUMBERTO BELLO	951 Brickell Ave. Suite 4107, Miami, FL 33131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 (

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.

Karl Dietz

Karel Dibos

Page 3 of 3

**Filing Fee: \$25.00**