# L15000 120018

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# **COVER LETTER**

Kassfranc	19430 LLC			
SUBJECT:  Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Ezra Kassin			
		Name of Person	*	
	Kasa Development Group	LLC		
	Firm/Company			
	155 N Shore Dr #103			
		Address		
	Miami Beach, FL 33141			
	Ezra.kassin@gmail.com	City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Ezra Kassin		305 785-6052		
Name	of Person		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

KASSFRANC 19430 LLC		
(Name of the Lim	uited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)	)
The Articles of Organization for this Limited Elorida document number L15000120018	Liability Company were filed on 07/13/2015	and assigned
his amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	= BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, office address here:	enter the name of the
Name of New Registered Agent:	EZRA KASSIN	JEC -
New Registered Office Address:	155 N SHORE DR #103	TO DE
	Enter Florida street address	6 <b>.</b>
	MIAMI BEACH , Flor	27174
	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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EZRA KASSIN	155 N SHORE DR #103	
		MIAMI BCH, FL 33141	Remove
			Change
MGR ROSSANA FRANCO	ROSSANA FRANCO	212 S ISLAND	
		GOLDEN BCH, FL 33160	
			☐ Change
			Add
			□ Remove
			☐ Change
		<del>-</del>	Add
			Remove
			☐ Change
		Add	
			Remove
			☐ Change
		□ Remove	
			☐ Change

f amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
	> o
	50 D
	EC-1
	The same
ffective date, if other than the date of filing:	(optional) han 90 days after filing.) Pursuant to 605.0207
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of
ated 09/28/15	
E31/h	
Signature of a member or authorized representative of a	member
Ezra Kassin  Typed or printed name of signee	

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Filing Fee: \$25.00