

L15000133638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

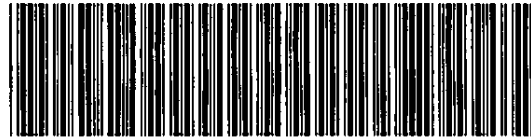
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
FALLAHASSEE, FLORIDA

2016 AUG 12 PM 9:22

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K. SALY  
EXAMINER  
AUG 16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: L2 KARMA FUND 3 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:

MELISSA MONCADA  
Name of Person  
KARMA FUND HOLDINGS  
Firm/Company  
PO BOX 5934  
Address  
LIGHTHOUSE POINT, FLORIDA 33074  
City/State and Zip Code  
MELISSA.MONCADA@KARMAFUND.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA MONCADA 786 564-7290  
Name of Person at ( ) 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**

**FILED**  
2016 AUG 12 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L2 KARMA FUND 3 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 08/05/2015 and assigned  
Florida document number L15000133638.

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:**

2359 NE 29TH STREET

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

LIGHTHOUSE POINT, FLORIDA 33074

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

PO BOX 5934

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

LIGHTHOUSE POINT, FLORIDA 33074

**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: MELISSA MONCADA

New Registered Office Address: 2359 NE 29TH STREET

Enter Florida street address

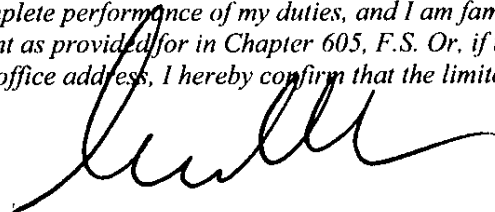
LIGHTHOUSE POINT, Florida 33074

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	LANCE LAZARUS	3203 KIRK STREET	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MELISSA ROIG	2359 NE 29 STREET	<input checked="" type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33074	<input 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"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FL  
 COUNTY CLERK  
 RECOMMENDATION

FILED

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

Multiple horizontal lines for amending information.

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2016 AUG 12 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 August 1, 2016

Signature of a member or authorized representative of a member

Melissa Moncada - Auth rep  
Typed or printed name of signee