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x	РНОТОСОРУ					
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_	KALIMAN, LLC (CORPORATE NAME AND DOC (CORPORATE NAME AND DOC	·		<del> </del>	- 030 EE	F account
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**INSTRUCTIONS:** 

### **COVER LETTER**

TO: Registration Se Division of Con			
KALIMAN			
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The colour Artistance	'A man danas and Factor are sub-	mittad for filing	
	Amendment and fee(s) are sub-	•	
Please return all correspo	ondence concerning this matter	to the following:	
	Janine N. Kucaba, Esq.		
		Name of Person	
	Stokes McMillan Antunez	PA	
		Firm/Company	
	9130 South Dadeland, Suit	e 1901	
	44,414	Address	
	Miami, Florida 33156		
		City/State and Zip Code	
	mariana@loyola-asset.com	to be used for future annual report notifi	cation
For further information of	concerning this matter, please o	•	·-·····,
Janine N. Kucaba, Esq.		305 379-4008	
Name o	of Person		Telephone Number
Enclosed is a check for t	•		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)>
•			
Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KALIMAN, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 8/28/15	and assigned
Florida document number L15000145532	<u> </u>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ts "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or		enter the name of the new
registered agent and/or the new registered offic	e address here:	日
		(T) essent
Name of New Registered Agent:		
New Registered Office Address:		j
	Enter Florida street address	[5- Q)
	, Flori	m - 1
	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

Title	Name	<u>Address</u>	Type of Action
MGM	Alberto Perez	c/o Mariana Foerster	D Add
		55 Merrick Way, Suite 208	□ Remove
		Coral Gables, Florida 33134	Change
	We have the second seco	****	
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e date, if other than the date of filing:	(ontional)
ctive date is listed, the date must be specific and cannot be prior to date of filing or more than f the date inserted in this block does not meet the applicable statutory filing requir nt's effective date on the Department of State's records.	90 days after filing.) Pursuant to 60
ord specifies a delayed effective date, but not an effective time, a 90th day after the record is filed.	at 12:01 a.m. on the earl
November 03, 2017	
Signature of a member or authorized representative of a mem	mber /
Alberto Perez, Manager	

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Filing Fee: \$25.00