10000053061

(Re	equestor's Name)	
(Ac	ldress)	
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100 CASA BENDITA, LLC

TYPE OF FILING: AMENDMENT

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COVER LETTER

TO:	Registration Sec Division of Corp			
CLUBIO	or.		С	
SORIE	CT:	Name of Lin	nited Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corr e spon	dence concerning this matter	to the following:	
		SHARON TINGDAHL		
			Name of Person	
		CLAREMONT COMPAN	Address Oliv/State and Zip Code Ocom City/State and Zip Code Ocom City (to be used for future annual report notification)	
			Firm/Company	.
		Dot CASA BENDITA, LLC		
			Address City/State and Zip Code Be used for future annual report notification) City/State and Zip Code Department of Person Solve 1	
		BRIDGEWATER, MA 02	2324	
			•	
		E-mail address: (to be used for future annual report notific	ation)
For furth	er information co	ncerning this matter, please co	all:	
SHARO	N TINGDAHL			
	Name of I	'erson	Area Code Daytime T	Felephone Number
Enclosed	l is a check for the	following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

(Name of the Limited Liabi (A Flore	ility Company as it now appears on ou da Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L16000052061</u>	Company were filed on	14, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
KALEEN X LLC			200 123
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	ion "LLC" or the abbrev	Ţ ;
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>	· · ·
	,		
			က္ပ
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the	name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
<u></u>		, 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 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 <u>Name</u> Address Type of Action □ Add ☐ Remove ☐ Change _□ Add □ Remove □ Change _□ Add _□ Remove □ Change _□ Add _□ Remove ☐ Change □ Add _□ Remove □ Change .. □ Add □ Remov€ _ Change

D. If amending any other information, enter change(s) here: (A	men diamonal sheets, if hece	<i></i>	
			
			
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Effective date, if other than the date of filing:	(option	al)	
(If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	of liting of more than 90 days after fill tutory filling requirements, this di	ing.) Pursuant to 605.0207 ate will not be listed as	(3)(b) the
he record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 12:01 a.n	n. on the earlier of	:
Dated November 20 2017		F.,	2
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Signature of a member or authorized rep		·	O '
FRANCIS X.J. LYNCH Typed or printed name of	The same of the sa		(6) ' 참:

Page 3 of 3

Filing Fee: \$25.00