L16000123105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

SEP 27 2016

September 2, 2016

To: Florida Department of State Division of Corporations

Cover Letter:

Amendment of Articles of Organization for KAZA Interiors LLC.

Please send all correspondence for this matter to:

Name: Max Kligman

Address: 3400 NE 192nd Street, Apt: LP06
Aventura, FL,
33180

Daytime phone number: 617 949 6224

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KAZA INTERIORS 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:

MAX KLIGMAN
Name of Person

KAZA INTERIORS
Firm/Company

3400 NE 192 ST APT LP 06
Address

AVENTURA/ FL/ 33180
City/State and Zip Code

kazainteriors2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAX KLIGMAN at (305) 771-5523
Name of Person — 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

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TALLAHASSEE, FLORIDA

KAZA INTERIORS 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 June 27, 2016 and assigned Florida document number L16000123105.

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)

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:

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 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	Address	Type of Action
AMBR	KAREN EVA A LUTWAK	3400 NE 192ND ST, APT#LP06	☐ Add
		AVENTURA, FL. 33180 US	■ Remove
			☐ Change
AMBR	MAX K ROITMAN	3400 NE 192ND ST, APT#LP06	☐ Add
		AVENTURA, FL. 33180 US	■ Remove
			☐ Change
AMBR	KAREN E AZAGOURY	3400 NE 192ND ST, APT#LP06	■ Add
		AVENTURA, FL. 33180 US	☐ Remove
			☐ Change
AMBR	MAX KLIGMAN	3400 NE 192ND ST, APT#LP06	■ Add
		AVENTURA, FL. 33180 US	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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 September 2, 2016.

Signature of a member or authorized representative of a member

MAX KLIGMAN

Typed or printed name of signee

Filing Fee: $25.00