

L16000123105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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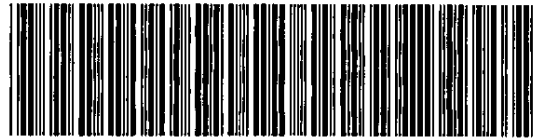
(Business Entity Name)

(Document Number)

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2016 SEP 26 PM 3:39

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

Page 1 of 3

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>
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
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CLERK OF DISTRICT COURT
ALLAHABAD, INDIA

(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.

Dated September 2, 2016

MAX KLIGMAN

Filing Fee: \$25.00