Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALA REGISTERED AGENT INC.

Account Number : 120090000032 Phone : (561)792-2236 Fax Number : (561)202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: REGACKNTSERVICES@VAHOD.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPE CORAL KART LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE CORAL KART LLC			
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	y)		
The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000126544	07/05/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company	here:		
CAPE CORAL KARTZ LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:		72	
(Principal office address MUST BE A STREET ADDRESS)	6 (1) 1994 - 1995 1995 - 1995	Carlo Catalogue	
·	<u>}</u> , 2 =		
Enter new mailing address, if applicable:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	>	
(Mailing address MAY BE A POST OFFICE BOX)	: 05 05 7	₽ _ ∪	
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B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the	he name of th	
Name of New Registered Agent:			
New Registered Office Address:	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

Page 1 of 3

H 16000 166 525 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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D. If amending any other informati	ion enter change(s) here. (ditach	H-1 (ge	00000	0
any other mice	on, enter enange(s) nere: panaen	additional sheets, if nec	essary.)	
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2. Effective date, if other than the c	late of filing:	(opti	ional)	
(If an effective date is listed, the date must	Inte of filing: be specific and cannot be prior to date of fili ck does not meet the applicable statuto	ing or more than 90 days afte	r filing.) Pursuant to	605.0207 (3)(b
document's effective date on the De	partment of State's records.	ry ming requirements, m	is date will not be	nated as tite
f the record specifies a delayed	effective date, but not an effective	ctive time, at 12:01	a.m. on thể ea	arlier of:
b) The 90th day after the reco	rd is filed.			
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Dated	··································	71.5 1.15	Till Internet	ን ••
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