

LI 000144638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

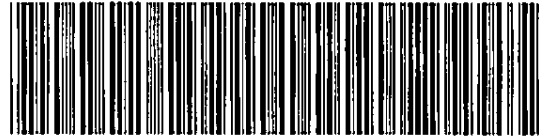
(Business Entity Name)

(Document Number)

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17 JUL 31 AM 11:49
TALLAHASSEE, FLORIDA

AUG 03 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Katherine Lallo, 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:

Katherine Lallo

Name of Person

Katherine Lallo, LLC

Firm/Company

413 W. State Road 80

Address

LaBelle, FL 33935

City/State and Zip Code

Katherine.Lallo@FFBIC.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Lallo

at (863) 675-2535

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**

KATHERINE SOBOTKA, 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 July 26, 2017 and assigned Florida document number L16000144638

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Katherine Lallo, LLC

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:

413 W. State Road 80

(Principal office address MUST BE A STREET ADDRESS)

LaBelle, Florida 33935

Enter new mailing address, if applicable:

P.O. Box 1365

(Mailing address MAY BE A POST OFFICE BOX)

LaBelle, Florida 33975

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:

Katherine Lallo

New Registered Office Address:

413 W. State Road 80

Enter Florida street address

LaBelle

Florida 33935

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Katherine Lallo	413 W. State Road 80, LaBelle, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Katherine Sobotka	413 Hickpochee Ave	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FALL HARBOR, FLORIDA

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

Please remove Katherine Sobotka entirely and replace by Katherine Lallo as Registered Agent and Authorized Person.

Person.

Multiple horizontal lines for amending information.

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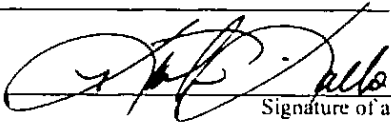
E. Effective date, if other than the date of filing: July 26, 2017 (optional)

(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 July 26 2017



Signature of a member or authorized representative of a member

Katherine Lallo

Typed or printed name of signee