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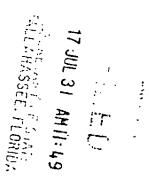
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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## **COVER LETTER**

SUBJEC				
SOBJEC	Katherine 1	Lallo, LLC		
	<u></u>	Name of Lin	nited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Katherine Lallo		
			Name of Person	<del></del>
		Katherine Lallo, LLC	1	
			Firm/Company	<del></del>
		413 W. State Road 80		
			Address	
		LaBelle, FL 33935		
			City/State and Zip Code	
		Katherine.Lallo@FFBIC.co	om  to be used for future annual report notifice	<del></del>
For furth	er information co	oncerning this matter, please of	•	cation)
Katherin	e Lallo	_	863 (675-2535 at (	
	Name of	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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		1	
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	)
The Articles of Organization for this Limited I	Liability Company	were filed on July 26, 2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ulity company here:	
Katherine Lallo, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi"	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	413 W. State Road 80	
Principal office address MUST BE A STRE	ET ADDRESS)	LaBelle, Florida 33935	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE	<u> </u>	P.O. Box 1365 LaBelle, Florida 33975	
B. If amending the registered agent and egistered agent and/or the new registered of	l/or registered of	ffice åddress on our records, e:	enter the name of the
Name of New Registered Agent:	Katherine Lallo	)	E IT
New Registered Office Address:	413 W. State R	oad 80  Enter Florida street address	I: 4.9
	LaBelle	, Flor	ida _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>	Address	Type of Action
Owner	Katherine Lallo	413 W. State Road 80, LaBelle, FL	
		1	Remove
			Change
	<del></del>		
		<u> </u>	□ Remove
			□ Change
Owner	Katherine Sobotka	413 Hickpochee Ave	
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			Change
		<del></del>	□ Remove

Person.				
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	1.1.24.2017	, ,	oriu.	6.4
ctive date, if other than the date	e of filing: July 26, 2017		(optional)	
effective date is listed, the date must be s e: If the date inserted in this block of	pecific and cannot be prior to loes not meet the applicab	date of filing or more than 96	0 days after filing.) Pursu	ant to 605.0
iment's effective date on the Depart	ment of State's records.	ic statetory ming require	ments, this date will he	or be lister
ecord specifies a delayed eff	ective date, but not a	an effective time, at	12:01 a.m. on th	ie earliei
ne 90th day after the record	is filed.	ı		
L4 26	2015	1		
ed July 26	2017	. •		
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Filing Fee: \$25.00