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Office Use Only



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12/20/16--01015--006 **125.00



D. SCOTT DEC 2 2 2016

COVER LETTER

Division of Corp	oorations				
	a Kama Typo A Nulle of Limi	louse LLC ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		•	
Please return all correspor	ndence concerning this matter	to the following:			
	Phikhip	Chesson Name of Person			
	Chesson	Name of Person Group LL C Firm/Company			
		Noell Blud	· 		
	Palm B	City/State and Zip Code	7	16 TA	
		78 & Gmail, Correction be used for future annual report no		CREEK GREEK	
For further information co	oncerning this matter, please ca	all:		20 PM	
PLILIO Name of	Chesson Person	at (<u>727</u>) <u>749</u> Area Code Dayti	F - 3999 ime Telephone Number	PM 2: 20 FLORIDA	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

Naha Kama Tupo Ho	ouse, LLC	-
(<u>Name of the Limited Liabilly Company</u> (A Florida Limited Lia	y as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 11/01/2016	and assigned
Florida document number <u>L 1600 0 20 1 0 5 7</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	obreviation "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)	P.O. Box 1592 St. Petersburg, Fl	- 33731-1592
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:		→ 5
New Registered Office Address:		
	Enter Florida street address , Florida	C 20
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		100 P
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	chesson, Phillip	146 2 md Street N., Suite St Retersburg, FL 33701	□ Add G - 310
			Change
MGR	Naha Kama, LLC L15000119752	1471 Noell Blod Palm Harbor, FL 34683	DAdd
			□ Remove
			Change
			🗖 Add
			Remove
			□ Change
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			Remove
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			Add?
	•		20 Remove
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Filing Fee: \$25.00