

L16000213882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

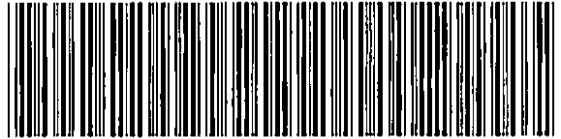
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

adding Chris legal name
- ~~to~~ to Christopher

Office Use Only



200318748352

09/20/18--01004--007 **60.00

RECEIVED
DEPARTMENT OF STATE
18 SEP 20 AM 11:58
FILED
18 SEP 20 PM 12:20
FALLS CHURCH, VIRGINIA

G. SIMMONS
SEP 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBE KETTEL KORN 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:

LARRY A. CAVALLARO
Name of Person
CARIBE KETTEL KORN LLC
Firm/Company
SPRINGHIRE BAY WEST D-13
Address
ST. THOMAS, DC 00802
City/State and Zip Code
Larry.Cavallaro@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY CAVALLARO at (407) 907-2494
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CARIBE KETTLE KORN 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 11/22/2016 and assigned
Florida document number L16000213882

This amendment is submitted to amend the following:

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

CARIBE KETTLE KORN 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:

(Principal office address MUST BE A STREET ADDRESS)

5B HAVENSIGHT

ST. THOMAS OC 00802

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6501 BED HOOK PLAZA

201

ST. THOMAS OC

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:

CHRISTOPHER SUPINSKI

New Registered Office Address:

105 CANDACE DRIVE SUITE 117

Enter Florida street address

MAITLAND

City

, Florida

32751

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>
--------------	-------------	----------------	-----------------------

<u>MGR</u>	<u>LARRY A. CATALANO</u>	<u>105 CANDACE DRIVE STE 117</u>	<input type="checkbox"/> Add
		<u>MAITLAND FL 32751</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>AMBR</u>	<u>CHRISTOPHER E. SUPINSKI</u>	<u>105 CANDACE DRIVE STE 117</u>	<input checked="" type="checkbox"/> Add
		<u>MAITLAND, FL 32751</u>	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18
SEP 24
PM 1:20
MAITLAND FL

18 SEP 20 PM 12:20
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-01 BY 60322
UCBAW/STP

FILED
SEP 20 PM 12:20
18

(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)

(b) The 90th day after the record is filed.

Dated

9/20

2018

Signature of a member or authorized representative of a member

LARRY A. CAVALLARO

Typed or printed name of signee