

L16000224787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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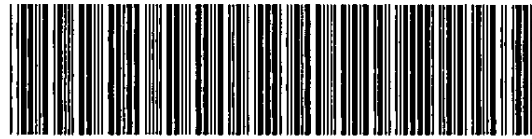
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 15 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KARMATRAK 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:

JESUS DIAZ MASO

Name of Person

Firm/Company

470 NE 5TH AVENUE APT 3411

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

support@stargoods.net

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JESUS DIAZ MASO

954 663-72-40
at ()

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**

KARMATRAK 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 12/12/2016 and assigned Florida document number L16000224787.

This amendment is submitted to amend the following:

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

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)

75 N Woodward Ave #80321

Tallahassee, FL 32313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

75 N Woodward Ave #80321

Tallahassee, FL 32313

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:

JESUS DIAZ MASO

New Registered Office Address:

75 N Woodward Ave #80321

Enter Florida street address

Tallahassee

City

Florida 32313

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>
MGR	STARGOODS INC	75 N Woodward Ave #80321	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA DEL MAR CUEVAS	75 N Woodward Ave #80321	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESUS DIAZ MASO	75 N Woodward Ave #80321	<input type="checkbox"/> Add
		Tallahassee, FL 32313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

PURPOSE OF BUSINESS:

ANY LAWFUL BUSINESS

THIS IS NO LONGER A SINGLE MEMBER LLC, NOW THERE ARE 2 MEMBERS:

STARGOODS, INC AND MARIA DEL MAR CUEVAS UGARTE

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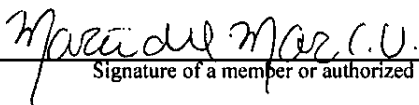
E. Effective date, if other than the date of filing: _____ (optional)

(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 1 / JUNE, 2017



Signature of a member or authorized representative of a member

MARIA DEL MAR CUEVAS UGARTE

Typed or printed name of signee