## LITOCOMIATI

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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
SUBJ	ECT:	KARM 1	ENTERPRISES LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ka	url Gerasimov	
				r filing.  lowing:  GRASIMOV me of Person  ERPRISES LLC m/Company  Ins. ANC #2508 Address  es. Reach FL 33/60 ate and Zip Code  IMOV @ AQL. Com for future annual report notification)  1. (917) Area Code Daytime Telephone Number  5.00 Filing Fee & Ertified Copy Certificate of Status &
		KARM	FINTERPRISES LLC	
			Firm/Company	
		140		
		[671]	Collins Ave #2508	
			Autres	
		Sunny	Isles Beach, FL	33160
		,	City/State and Zip Code	
		KarlG	erasimov @ AOL.com	1
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please co	ali:	
	Karl Ger	asimov	at (9.17 ) 806 -	-4314
	Name of	Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	e following amount:		
. /		\$30.00 Filing Fee &	Mess on villag vog a	Election Filling For
¥ <b>™</b> \$32	5.00 Filmg F CC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Karm Enterpr	ises LLC					
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on o ited Liability Company)	or records.)				
The Articles of Organization for this Limited Liability Comp.  Florida document number <u>L1700071997</u>	pany were filed on	129/2017	<u> </u>	and ass	signed	
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 I	Liability Company," the design	ation "LLC" or th	e abbrev	iation "L	L.C."	<del></del>
Enter new principal offices address, if applicable:			<del></del> .			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	-		\		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)			····	7		
		<del></del>	<i>:</i>			
				E.C		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, <u>ent</u>	er the	name	of the	new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	Enter Florida st	reet address				_
		, Florida				
<del></del>	City	, FIUITUA		7in 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
<u>AMBR</u>	KARL GERASIMOV	16711 Collins Ave # 2508	XAdd
		Sunny Isles Beach, FL 3316	P. Remove
			Change
MGR	KARL GERASZHOV	16711 Collins Ave \$ 2508	•
		Sunny Isles Reach, FC 33	160 ERemove
			Change
<del></del>			[I]Add
			<b>ii</b> Remove
			[E]Change
		**	Add
			Remove
			W Change
			g'i EAdd
			Remove
			ii)Change
<del></del>			BAdd
			Remove
			Change

f amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
**************************************	
	7
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of it  ote: If the date inserted in this block does not meet the applicable status  current's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
ated April 10th, 2017.	
Signature of a member or authorized repro- KARL GERASIMO Typed or printed name of	
. /	

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Filing Fee: \$25.00