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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KAYCHA HOUDINGS UC 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:
JAMES J HORVANT
KAMUHA HOLDINGS Firm/Company
4131 SW 47TH AVESUTE 1408
DAVIE FL 33314 City/State and Zip Code
Dovvath @ eviolabstl. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Howath at 954, 368 7662 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Solutio

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

KAYCHA	HOUD	1N6S		77-061-20	-77
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on ou Liability Company)	<u>ir records.</u>)		
The Articles of Organization for this Limited Liab	oility Company 85027	were filed on	17/17	and assigned	4
This amendment is submitted to amend the follow	ving:			7	3 译
A. If amending name, enter the new name of t	he limited liab	ility company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designat	ion "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET	ole:	4131 SW SUITE I DAVIE	47TH A 408 -, FL 33	XE 314	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	4131 SW BAVIE	TE 1408 FL 33	AVE S	<u> </u>
3. If amending the registered agent and/or egistered agent and/or the new registered office			records, enter t	he name of the	new
Name of New Registered Agent:	4121 (101 17771 001		N. List	+
New Registered Office Address:	1101 2	Enter Florida stre	C DUITE pet address	1408	
	DA	NE	, Florida	3314	1

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 2pt the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to in from our records:	manage, enter the title, name, and address of each person being added	
MGR = M AMBR = A	lanager Luthorized Member		
<u>Title</u> NG17	Name Chrstopher Martiner	Address Type of Action 4/3/ Sw 47th Ave, Site / 408 Davie, 12, 33314 Remove	
		Change	
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:	irsuant to 605.0207 (3)(the listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the earlier of:
Dated OCTUBER 15 2017.	
	1
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00