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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Juha Kama Pool Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Philhip C	Name of Person	
·		na LLC Firm/Company	
	2260	5+6 Aue 5	, Suite 9
		City/State and Lip Code	
	E-mail address: (50N & Puhake to be used for future annual r	eport notification)
For further information of	oncerning this matter, please co	all:	
Ph.L.L.	f Person	at (<u>727</u>) Area Code	744-3889 Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &

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

<u> </u>	Kama POOL LLC	
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed onand assi	gned
Florida document number <u>L 7000 030 9</u>	1 <u>3</u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of th	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.I.	C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		- ;
(Mailing address MAY BE A POST OFFICE BO	0X)	;
		<u></u>
B. If amending the registered agent and/or	ان registered office address on our records, <u>enter the name</u>	of the nev
registered agent and/or the new registered offic		•
Name of New Registered Agent:		
New Registered Office Address:		
1 100 Augistered 27 feet 1 tall etc.	Enter Florida street address	
	, Florida	
	City 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 adde

or removed from	our records:		
MGR = Manag AMBR = Autho			
	<u>Same</u>	<u>Address</u>	Type of Action
MGR; AR; NON Member	Chesson Group LLC	1471 Noell Blod	Add
		Palm Harbor, FL 34683	_⊠ Remove
			Change
MGR	Naha Kama LLC	2260 5th Ave 5, Suite 9	
		St. Actors burg, FL 33712	□ Remove
			Change
			□ Remove
			_□ Change
	······································		_□ Add
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<u>Note:</u> If the	date inserted in	nan the date of date must be specif in this block does on the Departmen	not meet the ap	oplicable statuto	ng or more than 90 ry filing requiren	(optional) days after filing.) Pursients, this date will	suant to 605,0207 (not be listed as tl
		lelayed effecti he record is fi		t not an effec	tive time, at	12:01 a.m. on t	he earlier of:
Dated	arch 20		201	9			
	0011	1				or Mgr of A	

Page 3 of 3

Filing Fee: \$25.00