

**L17000 231 704**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

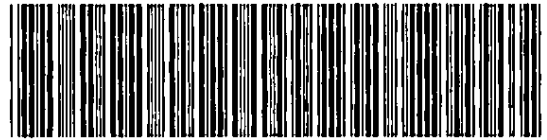
(Business Entity Name)

(Document Number)

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**MAY 18 2020**

DEPARTMENT OF STATE  
BUREAU OF CONSULAR AFFAIRS  
WASHINGTON, D.C. 20520

**2020 MAY 18 AM 6:48**

**FILED**

**JUN 09 2020**

**S. YOUNG**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KASHA BALI 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:

**LOVETTE DOBSON**

Name of Person

**INCFILE.COM LLC**

Firm/Company

**17350 STATE HWY 249 STE 220**

Address

**HOUSTON, TX 77064**

City/State and Zip Code

**EFILE1234@INCFILE.COM**

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

For further information concerning this matter, please call:

**LOVETTE DOBSON**

Name of Person

at ( **855** ) **829-9090**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KASHA BALI 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 11/08/2017 and assigned  
Florida document number L17000231704

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:

925 NE 95 ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33138

Enter new mailing address, if applicable:

925 NE 95 ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33138

**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:

New Registered Office Address:

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 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>
AMBR	KENZA BARRADA	925 NE 95 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAKIM BENZIT	5875 COLLINS AVE APT 2005	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Kenny Barrada  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**