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TO: Amendment Section
Division of Corporations

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| NAME OF CORPORAT | rion: <u>Katura /</u> | Agencia D | igital, LLC |
|-----------------------------|---|--|--|
| | 1: <u>L180000311</u> | • | |
| The enclosed Articles of A | Amendment and fee are su | bmitted for filing. | |
| Please return all correspor | ndence concerning this mat | tter to the following: | |
| | | Firm/ Company Address | nit # 502 |
| | Cornella Perez E-mail address: (| | |
| For further information co | ncerning this matter, pleas | e call: | |
| Maria Grai | ontact Person | at (454 Area | Code & Daytime Telephone Number |
| Enclosed is a check for the | e following amount made p | payable to the Florida D | epartment of State: |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee 8 Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | | _ | |

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



September 26, 2018

MARIA GRACIELA PEREZ CARPIO KATARA AGENCIA 9 ROYAL PALM WAY, UNIT #502 BPCA RATON, FL 33432

SUBJECT: KATARA AGENCIA DIGITAL, LLC

Ref. Number: L18000031152

We have received your document for KATARA AGENCIA DIGITAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 218A00020125

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Katara / | Congression of the Compact of the Congression of the Compact of th | Digital LLC ny as it now appears on our records.) liability Company) | - 5 を - 5 を |
|---|--|--|-------------------|
| The Articles of Organization for this Limited Li Florida document number <u>L180000 311</u> | ability Company 5 L | were filed on 2 0 5 18 | and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the w Enter new principal offices address, if applic (Principal office address MUST BE A STREE | able: | 9 Royal Palm Way Unit #501 Boin Raton FL 33432 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | 9 Royal Palm Way Unit # 502 Born Raton FL 33432 | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | | e name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 9 Royal | Pala Way Unit # | 502 |
| | Bou | Ruton Florida | 3343) 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 = A $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|--------------------------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| | | 10606 NW 43rd St Sunrise FL 33351 | Remove |
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| Vote: 1 | e date, if other than the date of filing: |
| ocume | nt's effective date on the Department of State's records. |
| a race | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| | 90th day after the record is filed. |
| | 1 1 |
| Dated _ | 9/13/3018 |
| | Luic Courilla de |
| | Haria Graciela Perez Carrio Typed or printed name of signee |
| | Maria Graciela Perez carrio. Typed or printed name of signee |
| | Mana Graciela Perez Carlo |

Page 3 of 3

Filing Fee: \$25.00