

2180000 89905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400317556104

08/27/18--01031--023 **25.00

FILED

2018 AUG 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FL

ULS
9-4-18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHILIP KARTO 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:

PHILIPPE CARTEAU (MGR)

Name of Person

PHILIP KARTO LLC

Firm/Company

7814 NE 4TH COURT SUITE # 104

Address

MIAMI FLORIDA 33138

City/State and Zip Code

philip@philipkarto.com

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

For further information concerning this matter, please call:

PHILIPPE CARTEAU OR JOE ROSS CFO

786

853-3086

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

PHILIP KARTO 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 04/09/2018 and assigned
Florida document number L18000089905.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OFFICER-MGR, RESIDENT AGENT AND ADDRESS ONLY

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:

(Principal office address MUST BE A STREET ADDRESS)

7814 NE 4TH COURT

SUITE 104

MIAMI, FLORIDA 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7814 NE 4TH COURT

SUITE 104

MIAMI, FLORIDA 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:

PHILIPPE CARTEAU

New Registered Office Address:

7814 NE 4TH COURT

Enter Florida street address

MIAMI

City

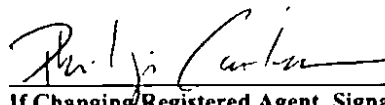
Florida

Zip Code

FILED
2018 AUG 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL
333138

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>
MGR	PHILIPPE CARTEAU	7814 NE 4TH COURT SUITE 104 MIAMI FLORIDA 33138	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELIE AKIBA	173 NW 23RD STREET MIAMI , FLORIDA 33127	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 JUN 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

. YOU ARE TO REMOVE, ELIE AKIBA.

PHILIPPE CARTEAU, SHALL BE ONLY MGR

PHILIPPE CARTEAU, SHALL BE NEW RESIDENT AGENT

FILED
2018 AUG 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

08/19/2018

E. Effective date, if other than the date of filing: _____ (optional)

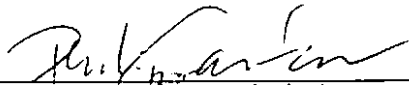
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 08/19/ _____, 2018



Signature of a member or authorized representative of a member

Philippe Carteau

Typed or printed name of signee