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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Kargas Caf. Fal LUC Name of simited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher McClatchey
RWT5 Firm:Company
125 Emerrith Island Crwy#107-127
Merritt Island FL 32957
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Miclatchey at (32) U232998 Name of Person Daytine Telephone Number 2.
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy radditional copy is enclosed) \$\Bigcup \text{\$\$60.00 Filing Fee.}\$\$\$ Certified Copy radditional 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

Kargas Cap. + αl (Some of the Limited Liability Compar (A Florida Limited L	ty as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 48000153304	were filed on in the control of the control
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new	-
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of 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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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					-		of a member				

Page 3 of 3

Filing Fee: \$25.00