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COVER LETTER

Division of Cor	porations .		
SUBJECT: KA	ATRONIC Name of Lim	S LL C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Polcan	do Mirab	et
	343 E	51 5+ Firm/Company	·
	Hickah	FL 33	013
	RMTRO E-mail address: (City/State and Zip Code NICS O Gne to be used for future annual report notif	iil. Com
For further information c	oncerning this matter, please c	all:	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Englosed is a check for the	he 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:

TO:

Registration Section

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



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A I	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	· · · · <u>-</u>	and assigned
Florida document number <u>L 1800 à l</u>	21319	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
·		· · · · · · · · · · · · · · · · · · ·
		,
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our reco	rds enter the name of the new
registered agent and/or the new registered office		rus, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
_		Florida
	,	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register	and complete performance of my duties,	and I am familiar with and 5, F.S. Or, if this document is

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 = Ma AMBR = Au	anager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jose Mirabet	1645 E 5 ave	Add
		Hialeah, FL 3301	☐ Remove
			Change
MGR	Kolando Mirabe	+ 1645 E 5 ave	ff. Add
		Hialeah, FL 3301	☐ Remove
			Change
			D Add
		.	Remove
			
			2 T
			Remove (□)
			Charles
			□ Remove
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ctive date, if	other than the	e date of filing	; :			(optional)	
effective date is	listed, the date mu	ist be specific and	cannot be prior to	date of filing or:	more than 90 day	s after filing.)	Pursuant to 605.01 vill not be listed
ument's effecti	ve date on the E	Department of St	tate's records.	ic statetory trii	ng requiremen	is, this date v	viii noi ne iisted
ecord specif	fies a delaye	d effective d	ate, but not a	an effective	time, at 12	:01 a.m. o	n the earlier
ne 90th day	after the rec	ford is filed.					
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	_KOL	Signature of a		rod rappuration	C F		

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Filing Fee: \$25.00