## L18000247981

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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## **COVER LETTER**

	stration Sec sion of Corp			
SUBJECT:	L.FAX, LLC	2		
SUBJECT: _	· <del></del>	Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspoi	ndence concerning this matter	to the following:	
		Benjamin Genet		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		L.Fax, LLC		
			Firm/Company	
		7071 W. COMMERCIAL	BLVD., SUITE 2A	
			Address	<del></del>
		TAMARAC, FL 33319		
			City/State and Zip Code	
		ben@genetgroup.com		
		E-mail address: (	to be used for future annual report	notification)
For further inf	ormation co	ncerning this matter, please ca	all:	
Benjamin Ger	net		954 588-593- at ()	4
	Name of	Person		rtime Telephone Number
Enclosed is a c	theck for the	e following amount:		
■ \$25.00 Fil	ing 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 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

L.FAX, LLC		
(Name of the Limited Liab (A Flori	oility Company as it now appears on our recordida Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 10/22/2018	and assigned
Florida document number L18000247981	·	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the li	mited liability company here:	Ti)
		·
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	2
		C)
		¥P
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or regegistered agent and/or the new registered office ad	sistered office address on our record	s, enter the name of the
gistered agent and/of the new registered office ad	idress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	is .
	, FI	orida
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KARKA HOLDINGS, LLC	7071 W. COMMERCIAL BLVD., SUITE 2A, TAMARAC, FL	□ Add
			Remove
			Change
MGR	L.FAX MM, LLC	7071 W. COMMERCIAL BLVD. SUITE 2A, TAMARAC, FL	<b>=</b> Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Chánge
			Add
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			Change
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			Change
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an effecti ote: If t	date, if other than the date is listed, the date the date inserted in the s effective date on the	te must be specific his block does no	and cannot be pot meet the ap-	plicable statute	ling or more than <sup>o</sup>	(optional) O days after filing, ments, this date	Pursuant to 605.020 will not be listed as
recore The 90	l specifies a del th day after the	ayed effective record is file	e date, but ed.	not an effe	ctive time, a	: 12:01 a.m.	on the earlier o
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Filing Fee: \$25.00