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PICK-UP	☐ WAIT	MAIL
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2018 NOV -2 PH 4: 13

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KM CAB, DECS 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:	
VEUIN HASSE  Name of Person	
CAB-WETS LLC Firm/Company	
3602 SW Forward DR	
R.S.L. FL 34953 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
1ŒULU HASSE at 772 204-6344  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$	tus &

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**

FILED

2018 NOV -2 PM 4: 13

KM CABINECS		<u> </u>
( <u>Name of the Limited Linbi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on 10 25 18	and assigned
Florida document number <u>L180002517</u>	<u>3</u> 6	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	ne abbreviation "l.,L,C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
B. If amending the registered agent and/or regi		ter the name of the new
registered agent and/or the new registered office ad	<u>aress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
_ <del></del>	, Florida	Zip Code
New Registered Agent's Signature, if changing Register		гир Соае

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 for removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Address Name 1001W HASSE 3602 SW FOREMOST DRAND MOD P.S.L. FL 34953 ☐ Change ☐ Add \_□ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change

, ji ajn	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	
•	
(Ifan ef <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/30/18
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00