

418000291515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

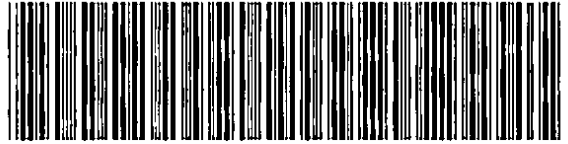
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUL 16 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 24 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kathy Lu Connects 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:

Kathia Cristina Pardo
Name of Person

Kathy Lu Connects LLC
Firm Company

9511 Fontainebleau Blvd #317
Address

Miami, FL 33172
City State and Zip Code

KathyLuConnects@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathia C. Pardo at (786) 532-8950
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Kathy Lu Connects 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 12/26/2018 and assigned
Florida document number L18000291515

This amendment is submitted to amend the following:

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

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)

9511 Fontainebleau Blvd #3
Miami, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9511 Fontainebleau Blvd #317
Miami, FL 33172

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:

Kathia Cristina Pardo

New Registered Office Address:

9511 Fontainebleau Blvd. #317

Enter Florida street address

Miami

City

Florida

33172

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, 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>
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manager	Hector Gutierrez	10001 Carribeans Blvd	<input type="checkbox"/> Add
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		Cutler Bay Fl. 33189	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

			<input type="checkbox"/> Change
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President	Kathia C. Pardo	9511 Fontainebleau Blvd #317	<input checked="" type="checkbox"/> Add
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		Miami, FL 33172	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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[illegible]

(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)

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.

 President

Signature of a member or authorized representative of a member

Kathia C. Pardo
Typed or printed name of signee