# 119000032590

(Requestor's Name)	
(Address)	600334344286
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	09/20/1901029029 ++90.00
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## **COVER LETTER**

•	ration Section on of Corporation	s			
SUBJECT:	KAREL	TUNING .	LLC. ted Liability Company		
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limi	ted Liability Company		
The enclosed A	rticles of Amendm	ent and fee(s) are subi	nitted for filing.		
Please return al	l correspondence c	oncerning this matter t	to the following:		
		KAREL L	ACACI		
			Name of Person		
			Firm/Company		
		14261	Sw 120 sf. Address	Svite 107	
		Clani Fo	33186		
		SALES @ KA	City/State and Zip Code  RECTUNING. COM TO be used for future/annual rep	1	
For further info		E-mail address: (1 this matter, please ca		ort notification)	
KAR	EC LACA Name of Person	g:	at ( <u>786</u> ) <u>4</u>	10 - 4076	
	Name of Person		Area Code	Daytime Telephone Number	
Enclosed is a cl	heck for the follow	ing amount:			
□ \$25.00 Filio		0.00 Filing Fee & ertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	ed) Certified	te of Status &

#### 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

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)
( <u>Name of the Limited Liability Compa</u> (A Florida Emited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	•
Enter new principal offices address, if applicable:	14261 SW 120th St. Suite 107
(Principal office address MUST BE A STREET ADDRESS)	Suite 107 LIAMI FL 33186
Enter new mailing address, if applicable:	14261 SW 120th St. Suite 107
(Mailing address MAY BE A POST OFFICE BOX)	Suite 107 MIAMI FL 33186
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
	Cir. 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>	Address	Type of Action
P	DIANA N. Avila	14261 SW 120 H St.	<b>X</b> Add
		Svite 107	Remove
		MIAMI FL 33186	Change
P	KAREL LACACI	13470 SW 39 CN	🗀 Add
		LIAMI FL 33175	Remove
			Change
	<del></del>		Add
			Remove
			Change
			Add
		<del></del>	Remove
			Change
			🗆 Add
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			Change
			Add
			Remove
			Change

It amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	A11
_	
_	
(If an effective Note: 11	e date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 10th day after the record is filed.
Dated _	9-18-2019 . Seci-
	Signature of a member or authorized representative of a member
	MAREL CACACI Typed or printed name of signee

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Filing Fee: \$25.00