## 119000051521

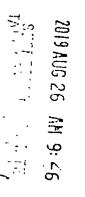
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
,			
(Document Number)			
, ,			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
_			

Office Use Only



700332667207

08/08/19--01012--030 \*+52.50



SULKER SEP 0.5 2019





August 13, 2019

MIAMI KAPPA LLC 8760 SW 43RD TER MIAMI, FL 33165

SUBJECT: MIAMI KAPPA LLC Ref. Number: L19000051521

We have received your document for MIAMI KAPPA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00016671

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI KAPPA 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 $02/21/19$ and assigned Florida document number $19000051521$
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 "LLC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:  Enter Florida street address  Enter Florida street address
, Florida
New Registered Agent's Signature, if changing Registered Agent:
ACT INTERPRETATION AND ADMINISTRATION OF THE CHARLES OF THE CONTRACT OF THE CO

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>	Name	Address	Type of Action
AP	10 ANNIS KOTSOS	2660 SW 374 Ave	
		Apt. 511	<b>№</b> Remove
		2660 SW 37 Ave Apt. 511 Coconul Grove, FL 3	3 <i>j</i> 33 <sub>□ Change</sub>
			Remove
			Change
			Add
			Remove
			Change
			D Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
	****		Add
			□ Remove
			Change

. If an	aending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:    S
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d August 26th 2019.
	Signature of a member or authorized representative of a member  Spyros Alexander Kavavias  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00