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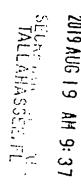
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PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

Division of Co	orporations		
SUBJECT:	KASH Mo	bes LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Volopyn	4R Kasuper Name of Person	160
		,	
	<u>LASI</u>	1 Motors LL	<u></u>
	5629	Rodman st	
		1 5.	3013
•	E-mail address: (t	o be used for future annual report notif	ication)
	concerning this matter, please ca		
Jologyma	R. Kasupen	Area Code Daytime	1 6766
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing 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:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

VACU

PH >	• •	
(<u>Name of the Limite</u> (d Liability Company as it now app A Florida Limited Liability Compan	pears on our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on	05/22/2019 and assigned
Florida document number <u>L 19000 138</u>	155	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company	here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," tl	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		
<u>Principal office address MUST BE A STREET</u>	<u>ADDRESS)</u>	
		- A
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE E	2OX)	
Training man can man be at 1 out 101 11 out		<u> </u>
B. If amending the registered agent and/o	r registered office address	on our records enter the name of the
registered agent and/or the new registered off		on ver records, enter the hante of the
	_ 1	٨
Name of New Registered Agent:	Gisela M	Cruz-Acevedo
New Registered Office Address:	Eutor	Florida street address
	Emer (riorua Areci aaress
		, Florida
	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 1 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Volopymyr Kasuparico	570 s park RN# 611	⊠ Add
		570 s park RH# 61/ Hollywood FL 33021	Remove
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			□ Remove
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Page 3 of 3

Filing Fee: \$25.00