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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	Registration Se Division of Cor			
end ice	Kauti Inves	tments LLC		
SOBJEC	.l: <u></u> _		ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Sonia Oliveri		
			Name of Person	
		Kelley Kronenberg		
			Firm/Company	
		10360 W. State Road 84		
		<del></del>	Address	
		Fort Lauderdale, FL 33324	1	
			City/State and Zip Code	
		soliveri@kklaw.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information ed	oncerning this matter, please ca	all:	
Sonia O			954 370-9970 at ( )	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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 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 Linkility Committee	avagit nov appears on our moved.	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	
he Articles of Organization for this Limited Liability Company forida document number L19000164997	were filed on June 24, 2019	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		112 <b>10</b>
Principal office address MUST BE A STREET ADDRESS)		0
		= 5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1.5
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	0 0 0	·
	Enter Florida street address	
	, Floric	
	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 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
AMBR	Marco O. Kozlowski	710 Thompson Avenue Maitland, FL 32751	<b>⊉</b> Add
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			Change
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ctive date, if other than the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605 (
e: If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an eff ne 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlie
September 26. 2019.  Karl  Signature of a member or authorized repr	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00