## 119000193502

AARON KARGAUER (Requestor's Name)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1630 Baldwin Park Dr
(Address)
(Address)
Tallahassee FL 32301
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☑ MAIL
KARGAUER HOLDINGS LLC
(Business Entity Name)
L19000 193 508
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

-	ation Section Fof Corporations
SUBJECT:	Kargaver Holdings LLC Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all c	correspondence concerning this matter to the following:
	Alxon N. Kargauck
	Advan N. Kargarer  Name of Person  Kargarer Holdings LLC  Firm Company
	1630 Baldwin Park Drive
	City/State and Zip Code  Alron Kargaver & Yahoo. Com  E-mail address yo be used for future annual report notification)
	Aron Kargaver & Yahoo. Com E-mail address: 196 be used for futury annual report notification)
Lor turther inton	nation concerning this matter, please call:
Alaxon	Name of Person Area Code Daytime Telephone Number
Inclosed is a che	es tor the following amount:
⊠ \$25.00 Filing	tree □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAHING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

New Registered Agent's Signature, if changing Registered Agent: .

New Registered Office Address:

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

Enter Florida street address

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

Address **Type of Action** Little Name Aaron N. Kargaver 1630 Baldwin Pork Da. WAdd ☐ Remove \_□ Change \_□ Add □ Remove □ Remove □ Add □ Remove \_\_ Change □ Add \_□ Remove \_ 🗆 Change □ Add ☐ Remove

Change

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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90  e: If the date inserted in this block does not meet the applicable statutory filing requires ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	12:01 a.m. on the ear	lier
ou October 18th 2019		

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Filing Fee: \$25.00