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(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAVARE PROFESSIONAL DETAILS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTI KALKAS

Name of Person

KALKAS BUSINESS SERVICES

Firm/Company

245 SE 1ST ST STE 225

Address

MIAMI FL 33131

City/State and Zip Code

MJKALKAS@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTI KALKAS

Name of Person

at ( 305 )

Area Code

577 9716

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LAVARE PROFESSIONAL DETAILS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 SEP 15  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/17/19 and assigned  
Florida document number L19000234363

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 "L.L.C."

**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)

611 SE 19 STREET  
FT LAUDERDALE FL 33316

**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

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 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

| Title | Name          | Address          | Type of Action                             |
|-------|---------------|------------------|--|
| AMBR  | MARTIN KALKAS | 552 W FLAGLER ST | <input type="checkbox"/> Add               |
|       |               | APT 1311         | <input checked="" type="checkbox"/> Remove |
|       |               | MIAMI FL 33130   | <input type="checkbox"/> Change            |
| AMBR  | LUIZ AVALLO   | 556 W FLAGLER ST | <input checked="" type="checkbox"/> Add    |
|       |               | APT 1311         | <input type="checkbox"/> Remove            |
|       |               | MIAMI, FL 33130  | <input type="checkbox"/> Change            |
|       |               |                  | <input type="checkbox"/> Add               |
|       |               |                  | <input type="checkbox"/> Remove            |
|       |               |                  | <input type="checkbox"/> Change            |
|       |               |                  | <input type="checkbox"/> Add               |
|       |               |                  | <input type="checkbox"/> Remove            |
|       |               |                  | <input type="checkbox"/> Change            |
|       |               |                  | <input type="checkbox"/> Add               |
|       |               |                  | <input type="checkbox"/> Remove            |
|       |               |                  | <input type="checkbox"/> Change            |
|       |               |                  | <input type="checkbox"/> Add               |
|       |               |                  | <input type="checkbox"/> Remove            |
|       |               |                  | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/10/2019

Math. Rao

Signature of a member or authorized representative of a member

MARTIN KALKAS

Typed or printed name of signee