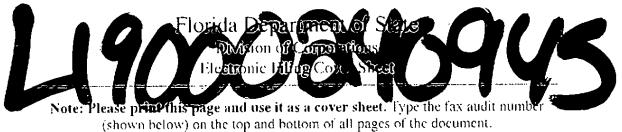
Division of Corporations



(((H190003496623)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

 $\overline{}$

Account Name : SALMON LEGAL GROUP, P.L.

Account Number: 120180000045 Phone : (786)508-2020 Fax Number : (786)209-3030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___ filings@salmonlegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAZAIO VENTURES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help



COVER LETTER

TO: Registration S Division of Co			
	VENTURES LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
Please return all correspondence	ondence concerning this matter	to the following:	
	DAVID H. SALMON		
		Name of Person	
	SALMON LEGAL GROU	JP	
		Firm/Company	
	1395 BRICKELL AVENU	JE. SUITE 800	
		Address	
	MIAMI, FL 33131	. routen	
		City/State and Zip Code	
	FILINGS@SALMONLEG		
	E-mail address: (to he used for future annual report noti	(fication)
For further information	concerning this matter, please c	all:	
DAVID H. SALMON		786 508-2020 at () Area Code Daytim	
Name (of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	-	 \$55,00 Filing Fee & Certified Copy (additural copy is enclosed) 	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is crollosed)
Mailing Addre		Street Address:	
Registration	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	Fallahassee
Tallahassee	F1, 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAZAIO VENTURES LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com		
Florida document number L19000240945		
Profita doctation futibles		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GONZALO R. PARIS	1395 BRICKELL AVENUE, STE 800,	
		MIAMI, FL 33131	□Remove
			■ Change
			DAdd
		□Rетюче	
		□Change	
		□Add	
			□Remove
			Change
			□Add
		□Rепюче	
			[]Change
		①Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change

If ame	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing: (optional) (ctive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	I 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 ed.
Dated	DECEMBER 3 2019
Linted	
	Signature of a member or authorized representative of a member
	DAVID H. SALMON Typed or printed name of signee

Filing Fee: \$25.00