Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000400183 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: AVA FINANCIAL CONSULTANTS INC

Account Number : I20170000094

Phone

: (954)842-1979

Fax Number

: (954)905-4315.

\*\*Enter the email address for this business entity to be used for  $\widehat{f}$ annual report mailings. Enter only one email address please

Email Address: HAQUES61@BELLSOUTH, N

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KABITA ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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## **COVER LETTER**

TO: Registration Sect	tion	4200004001°	333	0/5
Division of Corpo	TTERPRISES LLC		- <b>-</b> _	73
SUBJECT:		nited Liability Company		•
	Name of Cin	mod Diagramy		•
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
	dence concerning this matter			
	MOHAMMED N. HAQU	JE .		
	-	Name of Person		•
	KABITA ENTERPRISES	BLLC		
		Firm/Company		•
	902 N. DIXIE HWY		·	
		Address		
	LAKE WORTH, FL 3346	60		
		City/State and Zip Code		٠.
	haque561@bellsouth.net			
	E-mail address:	(to be used for future annual report notifi	cation)	
For further information co	onceming this matter, please	call:		
MOHAMMED N. HAQI	UE	561 827-6331	·	<del></del>
Name o	f Person	Area Code Daytime	Telephone Number	
		·	. •	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
•				

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF** H20000400183

KABITA ENTERPRISES LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L  Florida document number L20000028750	iability Company	were filed on01/29/2020	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	* + +
N/A			· .
The new name must be distinguishable and contain the	vords "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	902 N. DIXIE HWY	
(Principal office address MUST BE A STRE)	Y A DE MANTULET 2246A		
		<u> </u>	
Enter new mailing address, if applicable:		902 N. DIXIE HWY	
Mailing address MAY BE A POST OFFICE	BOX)	LAKE WORTH, FL 33460	TA:S 20:
B. If amending the registered agent and/or		oddress on our records enter the	name of the bew register
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office :	address on our records, career rate	
	MOHAMMED	ON HAOUE	F S DA
Name of New Registered Agent:	·	71111102	- <del>- 5</del> 77
New Registered Office Address:	902 N. DIXIE		
		Enter Florida street address	•
	LAKE WORT	H , Florid	
		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 = Ma	nnager uthorized Member	H24	2000,400,1833	4/5
<u>Title</u>	<u>Name</u>	•	Address	Type of Action
	N/A		N/A	
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Filing Fee: \$25.00