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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | iling Officer: | · |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | rporations | | |
|--------------------------------|--|---|--|
| | IERGUEZ LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ALI KARA | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 8105 BANBERRY ROAD | , , | |
| | atos BANGERT ROAD | Address | |
| | PENSACOLA FLORIDA | 32514 | |
| | | City/State and Zip Code | |
| | wyspromed@gmail.com | | |
| | E-mail address: (| to be used for future annual report notification) | |
| For further information c | concerning this matter, please c | all: | |
| ALI KARA | | at (250) 375 - | 8123 |
| Name o | of Person | Area Code Daytime Telephon | e Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | 660,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | | Street Address: Registration Section | |
| Division of C | | Division of Corporation | s |
| P.O. Box 632 | • | The Centre of Tallahass | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARA'S MERGUEZ LLC

| as it now appears on our records.) oility Company) | |
|---|--|
| ere filed on February 4, 2020 | and assigned |
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| y company here: | |
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| Company," the designation "LLC" or t | he abbreviation "L.L.C." |
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| dress on our records, <u>enter the</u> | name of the new registered |
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| | Enter Florida street address Enter Florida street address City to act in this capacity. I furthe erformance of my duties, and I ovided for in Chapter 605, F.S. ddress, I hereby confirm that the electron of the confirm that the entertain of the confirm that the electron of the |

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> | Name | Address | Type of Action |
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| 11 41110 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: |
| e recor rd is fi | d 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 led. |
| Dated | · |
| | Signature of a member or authorized representative of a member |
| | |
| | Signature of a member or authorized representative of a member |
| | ALI KARA |