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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

ГО:	Registration Se Division of Cor			
	KADIA LI	.C		
SUBJE	ECT:			
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DIANA AMELINA		
			Name of Person	
		KADIA LLC		
			Firm/Company	
		2349 VANDERBILT BEA	CH RD #520	
			Address	
		NAPLES, FL 34110		
		d.amelina@pokemahi.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please ca	all:	
DIAN	A AMELINA		703 362-1489	
			at ()	ie Telephone Number
	Name o	d Person	Area Code Daytin	ie Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S		Registration Se	
	Division of C P.O. Box 632	-	Division of Cor The Centre of 7	
	P.O. Box 652 Tallahassee, I			raffanassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		03/23/2020	1
The Articles of Organization for this Limited Li		were filed on	and assigned
Florida document number 1.20000043828	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
			
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	ROY)		
manng dadress mai be a rost of ree	<u> </u>	4	
B. If amending the registered agent and/or re	egistered office :	address on our records,	enter the name of the new register
agent and/or the new registered office addres	**		
	X 17.		
	N/A		
Name of New Registered Agent:			
	N/A		
Name of New Registered Agent: New Registered Office Address:	N/A	Enter Florida stree	t address
	N/A		
	N/A		address, Florida Zip Code
-		City	Florida
New Registered Office Address:	Registered Agent:	City	, Florida Zip Code

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>	<u>Address</u> 7023 AT 20 AT 8:	57 Type of Action
MGR	FLORES, KAREN	2349 VANDERBILT BEACH RD #520	□Add
		NAPLES, FL 34110	
			Remove
			□Change
MGR	METODIEV, IVAYLO	2349 VANDERBILT BEACH RD #520	
		NAPLES, FL 34110	🗆 Add
			≣ Remove
			□Change
			□Add
			□Remove
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fective date, if other than th an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be prior to date block does not meet the applicable s	(option e of filing or more than 90 days after tistatutory filing requirements, this c	ling.) Pursuant to 605,0207
	ive date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after the
is filed.			
is filed. AUGUST 11 ated	2020		