

L20 000043828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

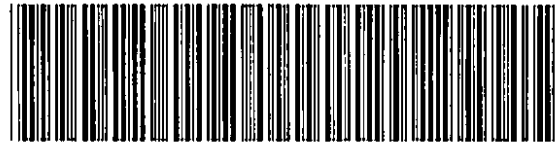
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 07 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

KADIA LLC

SUBJECT: _____
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:

DIANA AMELINA

Name of Person

KADIA LLC

Firm/Company

2349 VANDERBILT BEACH RD #520

Address

NAPLES, FL 34110

City/State and Zip Code

d.amelina@pokemahi.com

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

For further information concerning this matter, please call:

DIANA AMELINA

703 362-1489

at ()

Name of Person

Area Code

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

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

Feb 20 11 8:57

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>	<u>Type of Action</u>
MGR	FLORES, KAREN	2349 VANDERBILT BEACH RD #520	<input type="checkbox"/> Add
		NAPLES, FL 34110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	METODIEV, IVAYLO	2349 VANDERBILT BEACH RD #520	<input type="checkbox"/> Add
		NAPLES, FL 34110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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 AUGUST 11, 2020


Signature
DIANA AMELINA

Signature of a member or authorized representative of a member

DIANA AMELINA

Typed or printed name of signee