## L2C OCC 126515

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(Addr	ess)			
- L. A.				
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## **COVER LETTER**

TO: Registration Division of C								
	ATI, LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Stateme	nt of Correction and fee(s) a	are submitted for filin	g.					
Please return all corre	spondence concerning this r	natter to the following	g:					
Pierre Andre Massen	a							
	Name of Person		<del>-</del>					
KAY NATI, LLC								
	Firm/Company	<del> </del>	_					
3401 Shoma Drive								
<del></del>	Address	<del>-</del> :	_					
Royal Palm Beach, F	1. 33414							
	City/State and Zip Code		-					
kaynatou@gmail.com	1							
E-mail address:	(to be used for future annua	report notification)	-					
For further informatio	n concerning this matter. pl	ease call:						
Pierre Andre Massen	a	561	531-7038					
Nam	ne of Person	Area Code	Daytime Telephone Number					
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check f	or the following amount:							
■\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy					

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar	nt to sec	ion 605.0209, F.S., this document is being submit	ed to correct a previously filed docume	ent.			
FIRST	· The na	me of the limited liability company is: KAY NATI	. LLC	ent. B			
11101	. THE HA	the of the filmed flability company is.					
SECO	ND:	The Florida Document number of the limited lial	oility company is: 1.20000126815				
THIRE	<b>D</b> :	Document to be corrected is: Article of Organizat	ion	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	<u>(</u>	CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STAT	•			
ĽΧ		ns an incorrect statement. The incorrect statement ent are as follows:	, the reason the statement is incorrect, a	and the corrected			
	The current title Mrs Arlande Blaise Massena is Authorized Member (AMBR), the tittle is incorrect because						
	Mrs. A	rlande is part of the management team, the correct ti	le for Mrs. Arlade Blaise Massena is Ma	nager (MRG).			
	<u>OR</u>						
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction a as follows:						
	<del></del>			·			
		. , , , , , , , , , , , , , , , , , , ,					
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D	The ele	ctronic transmission of the record was defective.	1	1			
		lassist.	06/0	2/2020			
		Signature of Authorized Representative	Date '	•			
		w registered agent, if applicable :( NOTE: if correctsignation).	cting the registered agent, the new regis	stered agent must sign			
•	-	<u>-</u>					
New Re I hereb	egistered v <i>accept</i>	Agent's Signature, if changing Registered Agent the appointment as registered agent and agree to	: act in this capacity. I further agree to d	comply with the			
provisio obligati	ons of al ions of n a change	I statutes relative to the proper and complete perform to position as registered agent as provided for in Continuous in the registered office address, I hereby confirm	ormance of my duties, and I am familia Chapter 605, F.S. Or, if this document i	r with and accept the is being filed to merely			
		Registered Ag	ent's Signature				
			_				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				