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COVER LETTER

TO:

	istration Se ision of Cor			
CUDIFOT.	KALMA SI	HOP 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	ndence concerning this matter	to the following:	
		KATIUSCA A ROJAS		
		KALMA SHOP LLC	Name of Person Firm/Company	
		4631 SW 151ST TER		
			Address	· · · · · · · · · · · · · · · · · · ·
		MIRAMAR, FL 33027		
			City/State and Zip Code	
		kalmashopping@gmail.con		
Can fumbou in	.Comuntion on		to be used for future annual report noti	fication)
		oncerning this matter, please ca		
KATIUSCA	ROJAS		954 997-2236	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25,00 F	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 (additional copy is enclosed)
	iling Addres		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.C). Box 632	7	The Centre of T	Γallahassee
Tal	lahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KALMA SHOP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/13/2020}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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 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>	Type of Action
MGR	KATIUSCA A ROJAS	4631 SW 151ST TER MIRAMAR .FL 33027	
			□Remove
			□Change
			□Remove
		-	□Change
			□Remove
			□Change
			
			□Remove
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ective date, if other than th	e date of filing:		Coption	al)
ective date, if other than the effective date is listed, the date mute: If the date inserted in this b	ist be specific and cannot be	prior to date of filing o	r more than 90 days after fi	ing.) Pursuant to 605.020 ate will not be listed a
ument's effective date on the E			ing requirements, this c	ine in not be times in
cord specifies a delayed effecti s filed.	ve date, but not an effect	tive time, at 12:01 a.i	n, on the earlier of: (b)	The 90th day after the
	2020	4. — 4		
ed MIRAMAR, MAYO 29	·			
ed MIRAMAR, MAYO 29	v.A.K	46		
ed MIRAMAR, MAYO 29	Signature of a member of	authorized representat	ive of a member	