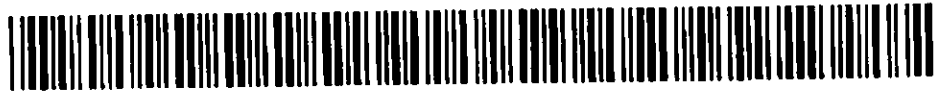


L20000158251

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000192012 3)))



H200001920123ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

2020 JUN 16 PM 2:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KARUANA HOLDINGS, LLC**

*****PLEASE PROVIDE
ORIGINAL SUBMISSION
DATE OF 6/23/20**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Y SULKE

6/23/2020



June 24, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KARUANA HOLDINGS, LLC
8852 SKYWARD STREET
BOCA RATON, FL 33496

SUBJECT: KARUANA HOLDINGS, LLC
REF: L20000158251

We have received your document for KARUANA HOLDINGS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please check the appropriate box on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000192012
Letter Number: 220A00012518

RECEIVED
2020 JUN 25 AM 7:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARUANA HOLDINGS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LaTOYA WILSON

Name of Person

KB CARLTON, PLLC

Firm/Company

7800 Dallas Parkway, Suite 360

Address

Plano, Texas 75024

City/State and Zip Code

lwilson@txwealthlawyers.com, mbarrera@txwealthlawyers.com

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

For further information concerning this matter, please call:

LaToya Wilson

469

307-5100

at ()

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: KARUANA HOLDINGS, LLC

SECOND: The Florida Document number of the limited liability company is: L20000158251

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect - PRINCIPAL OFFICE ADDRESS: 8852 Skyward Street, Boca Raton, Florida 33496 and MAILING

ADDRESS: 8852 Skyward Street, Boca Raton, Florida 33496; Correct - PRINCIPAL OFFICE ADDRESS: 8852

Skyward Street, Sunrise, Florida 33323 and MAILING ADDRESS: 8852 Skyward Street, Sunrise, Florida 33323

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

LaToya Wilson June 23, 2020
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)