L20000266256

(Requestor's Name)
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A. BUTLER APR 0 1 2022

COVER LETTER

TO:

Registration Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

La Dukesa I	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:	
	Juan Salvador Bollini Tayl	or	
		Name of Person	
	La Dukesa LLC		
		Firm/Company	
	2101 Brickell Ave. APT B	306	
		Address	
	Miami, FL., 33129		
		City/State and Zip Code	
	juan@kaard.app	to be used for future annual report notil	Tertion i
For further information c	oncerning this matter, please c		(Cathor)
Juan Salvador Bollini Taylor		561 3862133	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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 (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of Corporations		Division of Cor	porations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

• ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

La Dukesa LLC		2022 MAR IS AM 7-21
(Name of the Limited Liability Co	mpany as it now appears or	2022 MAR 18 AM 7:-31 SECRETARY OF STATE
(A Fronta Carri	ted matinty Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Comp	any were filed on Augus	1 26, 20 LLAHASSEE of ssigned
	any were med on	and assigned
Florida document number L20000266256		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	fiability company here:	:
Kaard LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1395 Brickell Ave.	Miami, FL, 33131
Principal office address MUST BE A STREET ADDRESS	2	<u> </u>
Enter new mailing address, if applicable:	2101 Brickell Ave.	APT 1806, Miami, FL, 33129
(Mailing address MAY BE A POST OFFICE BOX)		
many marchy part 15571 Oct of 1102 Borg	<u> </u>	
D. 16		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	ords, enter the name of the new registe
agent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Civ	, Florida Zip Code
	•	z.yx code
New Registered Agent's Signature, if changing Registered Ag	ent:	
hereby accept the appointment as registered agent and	agree to act in this cap	pacity. I further agree to comply with
provisions of all statutes relative to the proper and comp	•	
accept the obligations of my position as registered agent		

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 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>	Address	Type of Action
			□Add
			∃Remove
			□Change
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Permitting data 16	Saabaaa dhaaradaa dhaadaa	April 1st, 20	122	(
(If an effective date is Note: If the date is		secitic and cannot be prior oes not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	
	·				
the record specifies a cord is filed.	i delayed effective date	, but not an effective ti	nie, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
March 15th) 	2022	_		
Dated		 ·	-	?)	

Typed or printed name of signee