## 120000312719

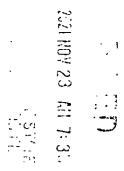
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
,	
(Document Number)	
,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
÷	





300376787913

11/23/21--01015--012 \*\*25.00



A. BUTLER
DEC 1 3 2021

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
ere rezve	KAHLO, L	LC		
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:	
		JULIANA CORREA		
			Name of Person  Firm/Company  Address  City/State and Zip Code  ress: (to be used for future annual report notification)  ase call:  at ()  Area Code Daytime Telephone Number	
			Firm/Company	<del></del>
		41 SE 5TH ST APT 1310		
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please co	all:	
JULIANA C	ORREA		at ( )	
<del></del>	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	i check for th	ne following amount:		
<b>■</b> \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres gistration S			ection
	•	orporations	Division of Co	
P.C	). Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAHLO, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number <u>L20000312719</u> 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." 41 SE 5TH ST APT 1310 Enter new principal offices address, if applicable: MIAMI, FL 33131 (Principal office address MUST BE A STREET ADDRESS) 41 SE 5TH ST APT 1310 Enter new mailing address, if applicable: MIAMI, FL 33131 (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: JULIANA CORREA Name of New Registered Agent: 41 SE 5TH ST APT 1310 New Registered Office Address: Enter Florida street address \_\_\_\_. Florida 33131 Zip Code MIAMI

## 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.

City

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>	Type of Action
PRESIDE	ARCHITFULNESS LLC	1600 NE IST AVE; 3702	
		MIAMI, FL 33132	■Remove
			□Change
			🗆 Add
			☐Remove
		<del></del>	□Change
			🗆 Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			Change

	<del></del>				<del></del>
				~ <del></del>	
<del></del>					
	<del></del>				<del></del>
	· · · · · · · · · · · · · · · · · · ·				
	<del></del>			<del>.</del>	
				<del></del>	
	· <del>-</del> ·				
<del>-</del>			•		
<del></del>					<del></del>
fective date, if other than the date in effective date is listed, the date must be offer. If the date inserted in this block cument's effective date on the Department.	e specific and cannot be pr k does not meet the app	olicable statuto	ng or more than 90 day	(optional) s after filing.) Pursuant s, this date will not b	to 605.0207 se listed as
ecord specifies a delayed effective d is filed.	ate, but not an effective	e time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	y after the
NOVEMBER 11	2021	·	1.6dn		
ted NOVEMBER 11	·		100 /	7 .	
	gnature of a member or a		entalive of a member	7 .	

Filing Fee: \$25.00