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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2021

PATRICK GASMINE CASIMINE

120 N.W. 120TH STREET NORTH MIAMI, FL 33168

SUBJECT: KAZLA PHOTOGRAPHY LLC

Ref. Number: L21000068118

We have received your document for KAZLA PHOTOGRAPHY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham OPS

Letter Number: 521A00018052

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| TO: Registration Se Division of Cor | | | | |
|----------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|--------------|
| suвјест: <u>К9 Z</u> | Japhoharap Nume of fin | http://www.nited Lyability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | PATRICA | K CASIMIR Name of Person | | |
| | Kazkaphut | Saphy LCC Film/Company | <u></u> | |
| | 120 NW | 120 St. | | |
| | North Mi | Address 1 AMI, FL 33 City/State and Zip Code | 168 | QD |
| | E-mail address: (| to be used for future annual report not | (fication) | <u>'</u> |
| For farther information c | oncerning this matter, please ca | all: | | : G |
| PATRICK Name o | CASIMIN | at (305) 76/ | a Celephone Number | - |
| Name 0 | i r cison | Area Code Dayun | ie Telephone Number | ^ #: 2u |
| Enclosed is a check for th | ne following amount: | | | C: |
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing I Certificate of Certified Copy (additional copy) | Status & y |
| | | | | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Mas la Dhoharphy 110

| (Name of the Limite | d Liability Company/s it now appears on our records.) | | |
|---------------------------------------------------------|-------------------------------------------------------------------|---------------|-------------|
| - • | A Flarida Limited Liability Company) | | |
| The Articles of Organization for this Limited Lia | bility Company were filed on | and as | ssigned |
| Florida document number <u>L210000 (</u> | 68/18 | | |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liability company here: | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the designation "LLC" or the abl | oreviation "I | L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| Enter now availing address if applicables | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE B | <u> </u> | | |
| | *************************************** | | |
| | gistered office address on our records, <u>enter the nam</u> | e of the ne | w register |
| agent and/or the new registered office address | here: | 1 | QD |
| Name of New Registered Agent: | | | - ; |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | Enter Florida street address | <u></u> | <u>i</u> |
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| | , Florida | == 25. Cod. | |
| San Bantaga A a sala 61 A a se | • | ZitsCode = | <i>ر</i> ۔. |
| New Registered Agent's Signature, if changing Re | gistered Agent: | | ٠, ٠ |

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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> | Name | Address | Type of Action |
|--------------|-----------------|-------------------------|-------------------|
| <u>M6R</u> | PATRICK CASIMIN | 120 NW 120 St. N. MICNI | Ndd |
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Filing Fee: \$25.00