LZ1000101447

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration S Division of Co				
	istries LLC.			
SUILIECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Amal M Abusafieh			
	Kama Industries LLC	Name of Person		-
	488 NE 18th St.	Firm/Company		_
	Miami, FL. 33132	Address		202
	amal.abusafich@gmail.com	City/State and Zip Code		
For further information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notif	ication)	
Amal M Abusafieh	•	925 437-9225 at ()		
Name	of Person		: Telephone Numbe	er D
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Address Registration Division of Open P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 8	3 10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kama Industries LLC.		
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Cor	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed lorida document number	1 on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:		ہے
Principal office address MUST BE A STREET ADDRESS)	250	2023
<u> </u>		1
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Enter new mailing address, if applicable:	5. · 	
Mailing address MAY BE A POST OFFICE BOX)		. 0
	:	
	7	
B. If amending the registered agent and/or registered office address or gent and/or the new registered office address here: Name of New Registered Agent:	n our records, <u>enter the name of</u>	the new registe
New Registered Office Address:		
	nter Florida street address	
	, Florida	
City	7	ip Code

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>	Address	Type of Action
MGR	Abdullah Abusafieh	488 NE 18th St. 1515, Miami, FL. 33132	□Add
			■Remove
			□Change
			□Add
			□Remove
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ective date, if other than to effective date is listed, the date is listed in this urnent's effective date on the	nust be specific an block does not	d cannot be prior to meet the applica		more than 90 days aft			
cord specifies a delayed effec s filed.	tive date, but no	ot an effective tin	ne, at 12:01 a.m	on the earlier of:	(b) The 90t	th day af	ter the