## KZI 000128669

(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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Cacinoso Lina), Name,
Certified Copies Certificates of Status	(Document Number)
	(Execument Number)
	C. P.C. I.C. i
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



100366890071

06/15/21--01025--019 \*\*30.00

2021 JUN 15 PK 1: 13

D. BRUCE JUL 15 2021

## **COVER LETTER**

• •			
TO: Registration Section Division of Corporation		• 0 0	
SUBJECT:	HKIS Name of Limi	MATE HAS	tion PATE LL
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	hrisma	le Mathu	rin
	Chrismall	le Haitian Pa	le LLC
	1013 SW	3 Street	
	Delray Box	ch F/ 334	,44
	<u> </u>	e mathurin O Grobe used for future annual report notific	ngili Com
For further information con-	cerning this matter, please ca	all:	~)
Chrismat Name of P	C Mathurire	at (561) 628 Area Code Daytime	0379 Z
			Ţ.,
Enclosed is a check for the	following amount:		——————————————————————————————————————
□ \$25.00 Filing Fee	★\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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 OF

(A Florida Liny	ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 21000 12 8669</u> .	vany were filed on $\frac{3/18/2021}{}$ and assigned
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 I	liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1013 SD 81- Sheet  Dolay Beach, F/ 33444
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same 2s above
	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	hrismote Mathuria
New Registered Office Address: 10 (3	Sw 8th Street 5 5
Qo!	ry Beach Florida 33444 Zap 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 = Man AMBR = Anti	ager horized Member					
Title	Name /	,,	Address			Type of Action
AMBR	Chrismate	Hothuin	1013	528h	St Dolmy Book	/F/33444 11 Bandd
						□Remove
						□Change
						□Add
						□Remove
						Change
						🗆 Add
						□Remove
						©Change
		<u></u>				□Add
						Remove
						∷
						□Change
						□Add
						□Remove
						Change