## KZI UCCHAHMES

(Requestor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: KALT	LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		LUIS R BRAVO	
		Name of Person	
	2	Firm/Company	
	1818	SW 1ST AVE UNIT 1406 Address	
	<del></del>	MIAMI FLORIDA 33129  City/State and Zip Code	
	luis	rafaelbravomarin@gmail.c	:om
		to be used for future annual report noti	
For further information c	oncerning this matter, please c	all:	
LUIS R E	BRAVO	at ( 619) 793-861	4
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	£L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

**KALT LLC** 

22 MAY 10 AM 9:51

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document numberL21000494969	pany were filed on NOVI	EMBER 17TH, 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 L	Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zip 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.

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	JAVIER POJAJ	3539 W 88th ST. MANEAH, FL. 330	<sup>O\S</sup> <b>X</b> Add
		<del></del>	□Remove
			Change
MGR	PICHARD BLANCO	3278W 97th TET. HALEAN FR. 330	18 <b>%</b> Add
			□Remove
			Change
			□Add
		<del></del>	□ Remove
			Change
<del></del>			🗆 Add
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	<del></del>		□Add
			Remove
			Change
			□ Add
			🗆 Remove
			□ Change

(If an effecti Note: If t	date, if other than the date of filing:
ne record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	03 May , 2022
	Signature of a member or authorized representative of a member
	LUIS R BRAVO
	Typed or printed name of signee