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Registration Section

TO:

Division of Cor	porations		
SUBJECT: KALT	LLC		
SUBJECT:		ited Liability 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:	
		Juis R Bravo	
		Name of Person	_
		Firm/Company	
	1818	SW 1ST AVE UNIT 1406 Address	
		MIAMI FLORIDA 33129	
		City/State and Zip Code	
	luis	rafaelbravomarin@gmail.c	om
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please of	all:	
LUIS R E		at (619) 793-861	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
X \$25.00 Filing Fee	S30.00 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 Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810
i allanassoc, i	The second secon	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KALT LLC

(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on	, 2021 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		SEP DIVISH 22 J
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		PH SPORT
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> <u>here</u> :	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciņ	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.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAVIER ROJAI	3539 W 281 ST. HANGAH, FL. 330,	<u>B</u> XAdd
			□Remove
			Change
<u> NGP</u>	PICHMO BLANCO	3278 W 97 TER. HINNEY, FL. 33018	X Add
			🗆 Remove
			Champer SECRETARY WE STATE SECRETARY WE STATE CHAMPER SECRETARY 3: BE CHAMPER SECRETARY 3: BE
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fective date, if other than n effective date is listed, the date	the date of filing:	be prior to date of filing	or more than 90 days after	nal) filing.) Pursuant to 605.0
ote: If the date inserted in the cument's effective date on the	is block does not meet the	applicable statutory		
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ecord specifies a delayed effi is filed.	ective date, but not an effe	ctive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after t
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Filing Fee: \$25.00