KZZ 000024921

(Requestor's Name)
(41)
(Address)
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(identity
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Execument Number)
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05/31/22--01005--005 **25.00



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COVER LETTER

Division of	n Section Corporations				
SUBJECT:	Karma Store LLC				
SUBJECT:	Name of Lir	mited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
	Ang	gel Rodriguez			
		Name of Person			
		Karma Store LLC			
		Firm/Company			
		7431 sw 132 ave			
		Address			
		Miami, FL 33183			
		City/State and Zip Code Angel@karmasmokemia			
		(to be used for future annual re			
For further information	on concerning this matter, please	call:			
Angel Rod	riguez	at ()	804-6345		
Nan	ne of Person	Area Code	Daytime Telephone Number		
Enclosed is a check fi	or the following amount:				
S25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Ado</u> Registratio		<u>Street Add</u> Registrat	<u>Iress:</u> ion Section		
Division o	f Corporations	Division	of Corporations		
P.O. Box 6 Tallahasse	e, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karma Store	LLC		
(Name of the Limited I	iability Company as it now appe florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabi Florida document numberL22000024921	lity Company were filed on _	01/11/2022	and assigned
This amendment is submitted to amend the following	uð:		
A. If amending name, enter the new name of the	e limited liability company	here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the	diversiationtC."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	<i>DDRESS</i>) 7431 S	W 132 AVE	AST 33
	Miami,	FL 33183	2 T
Enter new mailing address, if applicable:			3: 0
(Mailing address MAY BE A POST OFFICE BO.	<u> 7431 S</u>	SW 132 AVE	<u>**</u>
	Miami,	FL 33183	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		records, enter the na	ime of the new registered
Name of New Registered Agent:	Angel Rodriguez		
New Registered Office Address:	7431 SW 132 AVE		
	Enter Fl	orida street address	
_	Miami	, Florida _	33183
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MGR	Marcel Stenkewitz	16985 SW 93RD ST 	
		Miami, FL 33196	Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Tos Shange
			HASSEE □Add
			Remove
			Genange
			□Add
			•
			
			□Remove

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Filing Fee: \$25.00