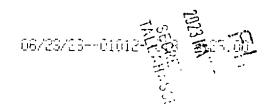
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COVER LETTER

TO: ' Registration Section

Tallahassee, FL 32314

Division of Corpora	ations		.•
SUBJECT: KR Cau	ulking and Name of Lim	water proofing ited Liability Company	9
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Katiric	Rosu Name of Person	
		Firm/Company	
	3333 6 1	Fountain W Address	
<u>-</u>	Leesbur KPCaulking	9 Fl 34788 Tity/State and Zip Code N Water proof Wang to be used for future annual reportability	ail.com_
For further information conce			
Kattria Po Name of Per	Son Son	at (<u>374)</u> <u>97 % (</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
2 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address: Registration Sectorivision of Corp P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

			!	D
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B

			Z0Z3 JUL 28 P;	1
KZ Caulkin	a_And wa	ater proofing	ليلرك	
(Name of the Limit	A Liability Compa	ny as it now appears on a	our records.	<u>.</u>
		,	,	
The Articles of Organization for this Limited Li	ability Company	were filed on	<i>14 2023</i> a	nd assigned
Florida document number <u>L 230cco 327</u>	135			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	<u>ility company here</u> :		
Katiria Rosa I	LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designa	ation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applications	able:	_33336 F	ountain LN	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	<u> Lesbur</u>	q F1,34188	
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
	<u></u>			
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our record	ds, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:	NYDE	SA Zamor	α	
New Registered Office Address:		Beach wood Enter Florida st	<u> </u>	
	<u>planta</u>		Florida <u>353</u> Zip	1 7:
		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 mcrely 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>	Name	Address	Type of Action
NGR	ZAMORA, NYDA	33336 fountain	□Add
		Leesburg F1 34784	ERemove
			□Change
MGR	Rosa, Katinia	33336 Fountain Lu	CAGO
		Leesburg F1 34788	Remove
			□Change
			□Add
		···	□Remove
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n effective <u>te:</u> If the	ate, if other than the date is listed, the date in serted in this effective date on the	oust be specific and object does not me	cannot be prior to eet the applicab	date of filing or mo le statutory filing	e than 90 days after trequirements, this	nal) iling.) Pursuant to 605,020 date will not be listed a
cord spe s filed.	cifies a delayed effect	ive date, but not a	an effective tim	e, at 12:01 a.m. o	the earlier of: (b)	The 90th day after the
ed _7/	25/23	·		_ ·		
		Ku			f a member	

Filing Fee: \$25.00