## L23 0000 428 64

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## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT:	152 K.T.M ULC	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Simon Bitan-	
	Name of Person	
	Firm/Company	
	20030 W. Dixie Hwy Apt 1510	3
	Miami #13318D	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
Por further information c	encerning this matter, please call:  HPVNUNGHZ  at 1865144075	
Name o	f Person Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Registration Section Corporations Division of Corporations The Centre of Tallahassee	·

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1752 K.T.M. LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	ds.)
he Articles of Organization for this Limited Liability Company	were filed on 01/23/2023	and assigned
lorida document number L23000042864		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	20030 WEST DIXIE HWY	APT 15103
Principal office address MUST BE A STREET ADDRESS)	MIAM, FL 33180	
		ţ: - Ş
		•••
inter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
<ol> <li>If amending the registered agent and/or registered office : gent and/or the new registered office address here:</li> </ol>	address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	256
<del></del>	, F	lorida

## 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 Memher

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR -	RUTH BITON	20030 WEST DIXIE HWY APT 15103	<b>=</b> Add
		MIAMI FL 33180	□ Remove
			□Change
	<del></del>		□Add
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Filing Fee: \$25.00