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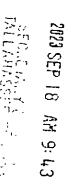
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Se Division of Corp			· .
^	KATYS VE	LLC		
SUBJEC	JT:		ited Liability Company	.
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		HACOBO BARICH		
			Name of Person	
			Firm/Company	
		5512 METROWEST BLV	D APT 109	
			Address	
		ORLANDO, FL 32811		
		distribuidorakatys@gmail.c	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 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 (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	tion
	Division of C		Division of Corr	

TO:

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
and assigned
nation "LLC" or the abbreviation "L.L.C."
2028 S.E. T.A.L.
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rds, enter the name of the new regist
street address
, Florida
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

	_	-	-				-		
A	N	1	BR	=	Autl	100	rized	Mem	ber

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GEORGES BARICH ZACOUR	5512 METROWEST BLVD APT 109ORLANDO, FI	_ ≣ Add
			_ □Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or mon	(optional) e than 90 days after filing) Pursuant to 605 02
te: If the date inserted in this block does not meet the applicable statutory filing a cument's effective date on the Department of State's records.	requirements, this date will not be listed a
union seriective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day after th
red 09 11 2023	