## L23000338966

(Requestor's Name)
(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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## COVER LETTER

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enniect.	Karabali, L						
SUBJECT:	<del></del>	Name of Lim	ited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		Melanie Maldonado					
			Name of Person				
		Karabali, LLC					
		<del></del>	Firm/Company				
		4700 Millenia Blvd, Suite	175				
			Address				
		Orlando, FL 32839					
			City/State and Zip Code				
		karabali.llc@gmail.com	to be used for future annual report n	otification)			
For further i	information o	oncerning this matter, please c		otmoutony			
Melanie Ma		oncerning and matter, prease o	407 583-6233				
Name of Person			Area Code Dayt	ime Telephone Number			
Enclosed is	a check for t	he following amount:					
□ \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)			
	ailing Addres		Street Address:	Section			
	_	Section Corporations	Registration Section Division of Corporations				
	O. Box 632		The Centre of	f Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

d Liability Company as it not A Florida Limited Liability Company were filed Liability Company wing:		and assigned
	d on July 18, 2023	and assigned
wing:		
the limited liability com	pany here:	
ords "Limited Liability Compar	ry," the designation "LLC" or the	abbreviation "L.L.C."
ble:		- '-
(ADDRESS)		
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egistered office address o s here:	on our records, <u>enter the na</u>	ame of the new regist
Melanie Maldonado		
Orlando	, Florida	32839 Zip Code
	rds "Limited Liability Comparatelle:  FADDRESS)  Segistered office address of the here:  Melanie Maldonado  4700 Millenia Blvd, Suite	egistered office address on our records, enter the nashere:  Melanie Maldonado  4700 Millenia Blvd, Suite 175  Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melanie Maldonado	4700 Millenia Blvd, Suite 175, Orlando, FL 32839	≣Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			OAdd
			Remove
			Change
			DAdd
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		-,- <del></del>	□Remove
			Change

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effective <u>e:</u> If the		the date must d in this blo	t be specific a ock does not	ind cannot be t meet the ap	prior to date o plicable sta	of filing or mor	e than 90 days		.) Pursuant to 605 will not be liste
ord spec filed.	ifies a delay	ed effective	date, but n	ot an effecti	ve time, at	2:01 a.m. or	the earlier of	of: ( <b>b</b> ) T	ne 90th day after
Octol	xer 31	Inl		-· \( \int \) \( \lambda \)	Aln				
-		<i>y</i> •	Signature of	a member or	authorized re	presentative o	f a member		

Filing Fee: \$25.00