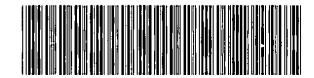
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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	*	
SUBJECT: Roberto Kutz Co	nited Liability Company	<u>103</u> 45961)
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Rober	to Katz Name of Person	
	Firm/Company, LLC	
2921 Josep	h Circle Duredo FZ3	2765
	FL 32765 City/State and Zip Code	
roberto d E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, please	call:	
Roberto Kutz Name of Person	at (402) 2/0 8700 Area Code Daytime Telephone	<u>/</u> Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG 29 AK 10: 02

If Changing Registered Agent, Signature of New Registered Agent

•	ed Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lia Florida document number	• • •	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:	<u></u>	•
<u>Mailing address MAY BE A POST OFFICE I</u>	<u></u>	
		· _ ·
<b>U U</b>	egistered office address on our records, <u>ente</u>	
<b>U U</b>	egistered office address on our records, <u>ente</u>	er the name of the new regist
gent and/or the new registered office addres	egistered office address on our records, <u>ente</u> s <u>s here</u> :	er the name of the new regist
gent and/or the new registered office addres  Name of New Registered Agent:	egistered office address on our records, <u>ente</u> s <u>s here</u> :	er the name of the new regist
Name of New Registered Agent:	egistered office address on our records, <u>enters here:</u> Enter Florida street address.	er the name of the new regist
New Registered Office Address:	egistered office address on our records, <u>entess here:</u> Enter Florida street address on our records, <u>entess here</u> .	er the name of the new regist
ngent and/or the new registered office addres  Name of New Registered Agent:	egistered office address on our records, entess here:  Enter Florida street address of City  Registered Agent:	er the name of the new registers  Tess  Florida  Zip Code

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	Roberto Katz	2921 Joseph Cir, Ovedo	32765 FL 327402Kdd
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			□Remove
			□ Change
<del></del>			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change

If an e <u>Note:</u>	tive date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Date	08/23/2023.
	Bihan.
	Signature of a member or authorized representative of a member
	Roberto Katz Typed or printed name of signee

. .

Filing Fee: \$25.00