## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KUREPI GUAZU, LLC

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EXAMINER

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. 08/07/2030 05:14

#5653 P. 002/003

## H 1 2 0 0 0 2 3 5 6 4 9 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KUI	REPI GUAZU, LLC		
	(Name of the Limited Liab (A Flori	juty Company as it now appear da Limited Liability Company)	s on our records.)	
The Arti	icles of Organization for this Limited Liabilit	ry Company were filed on	ecember 20,2011 and assigned	
Florida (	document number <u>L11000140986</u>	·		
This am	nendment is submitted to amend the following	<b>.</b>		
A. If ar	mending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new "L.L.C."	name must be distinguishable and end with the	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter n	ew principal offices address, if applicable:			
(Princip	al office address MUST BE A STREET AL	DORESS)		
Enter n	lew mailing address, if applicable:			
Mailin	g address MAY BE A POST OFFICE BOX	2		
B. If a	amending the registered agent and/or re ed agent and/or the new registered office a	gistered office address on o	ur records, enter the name of the new	
	Name of New Registered Agent:			
	New Registered Office Address:			
ļ		Enter Florida street address		
ļ	<del></del>	Cit.	, Florida	
		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 608, 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

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## H12000233040

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>e</u>	Name	Address	Type of Actio
SR_	Lihue Leon Czackis	10330 NW 5 Terrace Miami El 33172	Add Remove
_			
			<b>₹</b>
	·		Add
If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if ne	cessary.)
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ed	SEPTEMBER 20	2012	LED 5 M 9:52 SEE FLORID
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