



EKINADESE O. AGH EDO

Name of Person

KIFE-E LIFE LLC

Firm/Company

15400 SW 74TH CIR CT, 102

Address

MIAMI FL 33193

City/State and Zip Code

EKI.AGH @ GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EKINADESE O. AGH EDO

Name of Person

at (770)

Area Code:

568 1046

Daytime Telephone Number

Enclosed is a check for the 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)

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SECRETARY OF STATE  
TALLHASSEE, FLORIDA  
17 FEB 15 3:41 PM '08

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed JANUARY 28<sup>RD</sup>, 2017 on and assigned



AMBR

ABDULMALIK MUHTAR

15400 SW 74TH CIR CT, 102, MIAMI, FL 33193  Add

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E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 13<sup>TH</sup>, 2017.

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

EKINADESE O. AGHEBO

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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