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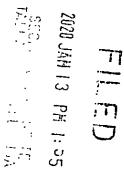
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Y SULKER JAN 1 5 2029 December 11, 2019

KUENKO LLC 8306 MILLS DR #244 MIAMI, FL 33183

SUBJECT: KUENKO LLC Ref. Number: L16000003367

We have received your document for KUENKO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with Instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 419A00025186

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COVER LETTER

	ision of Cor							
SUBJECT:	KUENKO LLC							
30BJF.C1.	Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		ALEKSANDRA WLODA	RCZYK					
			Name of Person					
		KUENKO LLC						
			Firm/Company					
	201 S BISCAYNE BLVD SUITE 2845							
Address MIAMI FL 33131								
								City/State and Zip Code
		ALEKSANDRA@KUENK						
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report r	notification)				
		oncerning this matter, prease e						
ALEKSANI			786 870-0438 at ()					
	Name o	f Person	Area Code Day	time Telephone Number				
Enclosed is a	ı check for th	ne following amount:						
□ \$25.00 H	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)				
	iling Addres gistration S		Street Address: Registration					
Di	vision of C	Corporations	-	Division of Corporations				
	D. Box 632			f Tallahassee				
I a	llahassee, l	たし 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUENKO LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on ou Liability Company)	<u>r reçords.</u>)
The Articles of Organization for this Limited L Florida document number L16000003367	iability Company	were filed on 01/05/201	6 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	201 S BISCAYNE BLY	VD SUITE 2845
Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI, FL 33131	
			2 021
Enter new mailing address, if applicable:		201 S BISCAYNE BL	VD SUITE 2845
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33131	<u> </u>
			- 3
B. If amending the registered agent and/or		address on our records	
agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	MARTINEZ & ASSOCIATES GROUP CORP		
New Registered Office Address:	2350 WEST 84	STREET SUITE 7	
		Enter Florida stre	et address
	НАЦЕАН		, Florida ³³⁰¹⁶
		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 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>	Name	Address	Type of Action
AR	ALEKSANDRA WLODARCZYK	201 S BISCYANE BLVD SUITE 2845	≅Add
		MIAMI, FL 33131	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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			Chango

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n effo ote: l	The date, if other than the date of filing: DECEMBER 13, 2019 (optional) ctive date is listed, the date must be specific and rannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
rece The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ted_	DECEMBER 13, 2019
	Signature of a member or anthorized representative of a member