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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 2 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KENJI MANAGEMENT, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SHIRO VICTOR**

Name of Person

**KENJI MANAGEMENT, LLC**

Firm/Company

**18851 NE 29TH AVE. 734**

Address

**AVENTURA, FLORIDA 33180**

City/State and Zip Code

**VSHIRO@KENJICO.COM**

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

For further information concerning this matter, please call:

**SHIRO VICTOR**

Name of Person

at ( 786 )

**8379770**

Area Code & Daytime Telephone Number

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**TALLAHASSEE, FLORIDA**

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

**KENJI MANAGEMENT, LLC**

(A Florida Limited Liability Company)

Page 1 of 2

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	LIPSHITZ SHELDON	221 S 12TH ST. APT 503N PHILADELPHIA, PA 10107	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	BAIGELMAN JOANNA	3301 NE 183RD ST. UNIT 709 AVENTRA, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated AUGUST 27, 2009

\_\_\_\_\_  
Signature of a member or authorized representative of a member

SHIRO VICTOR  
Typed or printed name of signee