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SECRETARY OF STATE

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## **COVER LETTER**

TO;		stration Sec ion of Corp					
CHDIE		KILLA & A	SOCIATES LLC				
SUBJE	C1; _		Name of Lim	ited Liability Company			
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn a	all correspor	ndence concerning this matter	to the following:			
	•		Yudis Bovea				
				Name of Person			
			KILLA & ASOCIATES L	LC			
				Firm/Company			
	12001 SW 128th Court, Suite 108						
				Address			
			Miami, FL 33186				
				City/State and Zip Code		t	
			dariobovea@aol.com			2018	
			E-mail address: (	to be used for future annual report notifica	tion)	2016 JAN 2 SECRETAS ALLAHASS	1
For furth	her inf	formation co	oncerning this matter, please co	all:		N 2 TAE ASS	
Yudis B	Bovea			786 232-6019 at ( )		<u>भूत</u> क	
		Name of	Person	Area Code Daytime To	elephone Number	1980	9142m
Enclose	d is a	check for th	e following amount:				
\$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

### 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

KILLA & ASOCIATES LLC				
(Name of the Limited Lia (A Flo	bility Company as orida Limited Liabil	s it now appears on our records.) hty Company)		
The Articles of Organization for this Limited Liabilit	y Company wer	re filed on 04/15/2009 and assigned		
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability	company here:		
KILLA AND ASSOCIATES, LLC				
The new name must be distinguishable and contain the words	Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1:	12001 SW 128th Court, Suite 108		
(Principal office address MUST BE A STREET AL	<b>.</b>	fiami, FL 33186		
	_			
	11	2001 SW 128th Court, Suite 108		
Enter new mailing address, if applicable:		Miami, FL 33186		
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	2			
registered agent and/or the new registered office a		address on our records, enter the name of the new		
	2001 SW 128th C	ourt, Suite 108		
New Registered Office Address:	- · · · - · · · · · · · · · · · · · · ·	Enter Florida street address		
М	liami	, Florida 331865		
_		City Tip Code		
New Registered Agent's Signature, if changing Regis	tered Agent:			
provisions of all statutes relative to the proper ar	nd complete per d agent as prov tered office add age.	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is dress, I hereby confirm that the limited liability  g Registered Agent, Signature of New Registered Agent		

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Remove
			_ Change
<u></u>			□ Add
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ective date, if other than the	data of filing:			(optional)	
effective date is listed, the date mus	t be specific and can	not be prior to date o	f filing or more than 90 c	lays after filing.) Pur	suant to 605.020
te: If the date inserted in this blowment's effective date on the Do	ock does not meet	the applicable stat	utory filing requireme	ents, this date will	not be listed a
ament's effective date on the Di	epartment of State	s records.			
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record specifies a delayed he 90th day after the rec	l effective date ard is filed	e, but not an ef	fective time, at 1	2:01 a.m. on	ne earlier (
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Typed or printed name of signee

Filing Fee: \$25.00