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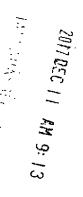
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDUC		VESTMENTS LLC		
SUBJE	CT:		nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Kristine Ascanio		
			Name of Person	
		Kawa Capital Managemer	nt	
			Firm/Company	_
		21500 Biscayne Boulevard	d, Suite 700	
			Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		kristine@kawa.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please co	all:	
Tatjana			305 560-5216	
	Name of	ſ Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e following amount:		
\$25,0	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)

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

KAWA INVESTMENTS LLC		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	·
The Articles of Organization for this Limited Liabilit	ty Company were filed on June 17, 2009	and assigned
Florida document number L09000058834		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		R
(Principal office address MUST BE A STREET AL	ODRESS)	
		= -
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	1
		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u> address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, 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 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
AP	Alexandre Saverin	21500 Biscayne Boulevard	
		Suite 700	☐ Remove
		Aventura, FL 33180	□ Change
			Add
			□ Rcmove
			☐ Change
			
			Remove
			Change
			D Add
			Remove
			Change
			Add
			□ Remove
			
			□ Remove
			Change

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record specifies a delayed The 90th day after the reco	effective date, but r rd is filed.	not an effective	time, at 12:01 a.m	n. on the earlier of
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	ignature of a member or au	thorized representation	a of a mamber	

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Filing Fee: \$25.00