

LD9000111129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

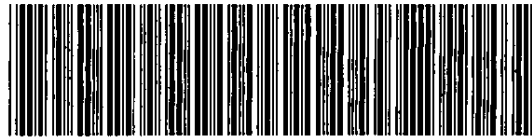
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MAR - 4 2010

EXAMINER



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03/03/10--01027--013 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 3 PM 2:16

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: Kawaii Universe L.L.C.
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:

MONSERRAT M. CRESPO
Name of Person

KAWAII UNIVERSE
Firm/Company

1407 PIZARRO STREET
Address

CORAL GABLES, FL 33134
City/State and Zip Code

KAWAIIUNIVERSE@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONSERRAT CRESPO at (305) 205-2217
Name of Person Area Code & 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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -3 PM 2:16

KAWAII UNIVERSE L.L.C.

(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 on Nov. 18, 2009 and assigned
Florida document number LO900011129

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4423 NORTH Miami Ave
Miami, FLORIDA

33127-2625

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

KAWAII UNIVERSE L.L.C.

P.O. Box 145178

Coral Gables, FL 33114-5178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MONSERRAT M. CRESPO

New Registered Office Address:

4423 NORTH Miami Ave

Enter Florida street address

MIAMI

City

Florida

33127-2625

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 608, 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.

Monserat M. Crespo
If Changing Registered Agent, Signature of New Registered Agent

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:

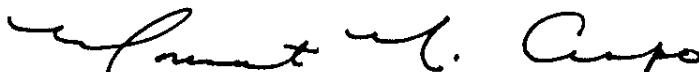
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VALENTINA N. CRESPO	1407 Pizarro ST Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Monse M. Crespo	1407 Pizarro ST Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VALENTINA N. CRESPO	4423 North Miami Ave Miami, FL 33127-2625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MONSERRAT M. CRESPO	4423 North Miami Ave Miami, FL 33127-2625	<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

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

Dated MARCH 7, 2010



Signature of a member or authorized representative of a member

MONSERRAT M. CRESPO

Typed or printed name of signee