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COVER LETTER

TO: Registration S Division of Co			
IKIRU LL	С		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOSE D. VARELA		
		Name of Person	
		Firm/Company	
	7784 NW 114 PL		
		Address	
	2020 SEC TO		
	elvalle01@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	•
For further information	concerning this matter, please e	all:	ATT OU
JOSE D. VARELA		786 657-8623 at ()	
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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IKIRU LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company))
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/26/2010	and assigned
Florida document number L10000009437		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
		F 5 5
Enter new mailing address, if applicable:		ch l
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
		ta
	Flor	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DANIELA VARELA POSE	9711 NW 75 TER	■Add
		DORAL, FL 33178	□Remove
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Filing Fee: \$25.00