

L10000115262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

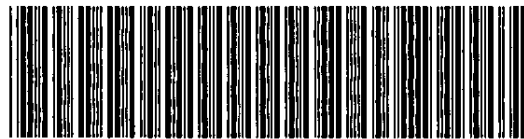
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

JUL 25 2013

D. BRUCE

TO: Registration Section
Division of Corporations

SUBJECT: SIXONINE 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:

Jose KANGA
Name of Person

SIXONINE L.L.C.
Firm/Company

1500 BAY ROAD # 1442
Address

MIAMI BEACH 33139
City/State and Zip Code

JOSE.KANGA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose KANGA at (954) 249 0740
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

SIXONINE 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 11/04/2010 and assigned
Florida document number L10000115262

This amendment is submitted to amend the following:

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

SIXONINE L.L.C.

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)

1500 BAY Rd #1442
NAANI BEACH, 33139 (FL)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2010 JUL 24 PM 2:44
CLERK OF DISTRICT COURT
JULY 24 2010
CLERK OF DISTRICT COURT
JULY 24 2010

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:

JOSE KANGA

New Registered Office Address:

1500 BAY Rd #1442
Enter Florida street address

NAANI BEACH, Florida 33139
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 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.

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>
<u>NGR</u>	<u>NABIL HAMADDOUCHE</u>	<u>1500 BAY Rd</u>	<input type="checkbox"/> Add
		<u>NIANI BEACH, 33139</u>	<input checked="" type="checkbox"/> Remove
<u>NGR</u>	<u>SENELIN JEROME</u>	<u>1500 BAY Rd</u>	<input type="checkbox"/> Add
		<u>NIANI BEACH, 33139</u>	<input checked="" type="checkbox"/> Remove
<u>NGR</u>	<u>NGANG FLORA</u>	<u>1500 BAY Rd</u>	<input type="checkbox"/> Add
		<u>NIANI Beach 33139</u>	<input checked="" type="checkbox"/> Remove
<u>NGR</u>	<u>BELKHIZ KARIN</u>	<u>1500 BAY Rd</u>	<input type="checkbox"/> Add
		<u>NIANI Beach 33139</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

☐ Add
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 ADD
☐ Remove

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

Dated July 18th 2013


Signature of a member or authorized representative of a member

KAMGA JOSE
Typed or printed name of signer

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Filing Fee: \$25.00



6-11-2013
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CLERK OF STATE
TALLAHASSEE FLORIDA