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6/6/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000151988 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100

Phone : (305)944-9755

Fax Number

: (888)401-1914

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KVN DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUN 0 8 2017

To: Page 3 of 6

2017-06-06 23 55:28 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

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(((H17000151988 3)))

COVER LETTER

TO: Registration Division of	m Section Corporations
SUBJECT: KVN I	DESIGN LLC
SCBSECT.	Name of Limited Liability Company
The enclosed Aniele	es of Amendment and fee(s) are submitted for filling.
Please return all corr	respondence concerning this matter to the following;
	KARIANNA DE LA VEGA
	Name of Person
	KVN DESIGN CLC
	Firm/Company
	601 NE 36TH ST SUITE 2202
	Address
	MIAMI FL, 33137
	City/State and Zip Code
	ACCOUNTING2@SILVASBOX.COM
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
KARIANNA DE LA	A VEGA 954 778-4734 inte of Person Area Code Daytine Telephone Number
No	me of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
□ \$25.00 Filing Fe	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017-06-06 23 55 28 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

(((H17000151988 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KVN DESIGN LL	·C	
(<u>Name of the Limited Liabiliry Com</u> (A Florida Limite	ряву as it now appears d Linbility Company)	on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L11000005111}{L11000005111}$.	ny were filed on	01/12/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	bility company her	<u>e</u> :
KARIANNA DE LA VEGA LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: N/A	e <u>re</u> : e.	
New Registered Office Address:	Enter Floria	a street address
	,	, Florida Zip Cock
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet		

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

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To: Page 5 of 6

2017-06-06 23.55:28 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

(((H17000151988 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A	N/A	N/A	🗖 Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			
			□ Remove
			□ Change
······································			□ Add
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			FILED AND OF STATE CHASSEE, FLORIDA

	Page 6 of 6	2017-06-06 23:55:28 (GMT) 1-888-	401-1914 From: Silvas Financial Services, LL
	((H17000151988 3))) J. If amending any other	information, enter change(s) here: (Attach additional sheet	ts if necessary)
	N/A		or the constraint
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			and the definition of the state

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		<u> </u>	
E	. Effective date, if other t	than the date of filling:	(optional)
	Note: If the date inserted	e date must be specific and cannot be prior to date of filing or nove than 90 in this block does not neet the applicable statutory filing requirem on the Department of State's records.	days after filing.) Pulsalant to 605,0207 (3)(6) heats, this date will not be listed as the
	b) The 90th day after	delayed effective date, but not an effective time, at the record is filed.	12:01 a.m. on the earlier of:
	Dated JUNE 6	2017	
		Charles the latter.	= 10
		MICHRID/(V) TO/NEW/	
	Marie and the second of the se	Signature of a member or authorized representative of a member	
			ALLANA F
		Signature of a member or authorized representative of a member of authorized representative of a member of such action of a member of such actions of a member of such actions	FILE ALASS
		KARIANNA DE LA VEGA	

Filing Fee: \$25.00