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J. SAULSBERRY EXAMINED

SEP 2 7 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

KLINIT HOLDINGS, LLC

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:

JEANNETTE MARTINEZ

Name of Person

KLINIT HOLDINGS, LLC

Firm/Company

**1820 SW 3RD AVE** 

Address

MIAMI, FL 33129

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO LUZQUINOS

....954\655-8413

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**

KLINIT HOLDINGS, LLC				
(Name of the Limited	Liability Company as it nov Florida Limited Liability Co	v appears on our records.) mpany)		
The Articles of Organization for this Limited L Florida document number <u>L11000044496</u>	on 04-13-2011	and assigned		
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability comp	any here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability	y Company," the designation "LLC	or the abbreviation	
Enter new principal offices address, if applic	eable:		20	
(Principal office address MUST BE A STREE	ET ADDRESS)	3.7	200	
Enter new mailing address, if applicable:		340.1 19.1 19.1		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	382 D.M.	8: 07	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			name of the new	
	1000 CW 0DD AVE			
New Registered Office Address: 1820 SW 3RD AVE  Enter Florida street address				
	MIAMI , Florida 33129			
	City	, Florida <u>OO 12</u>	Zip Code	
New Degistered Agent's Signature if changing I	Pagistared Agents		-	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHAVEZ, GUSTAVO	1820 SW 3RD AVE	Add
		MIAMI, FL 33129	Remove
MGR	MARTINEZ, JEANNETTE	1820 SW 3RD AVE	Add
		MIAMI, FL 33129	Remove
			Add
			Remove
			SE Add Remove
			Add
			Remove
			Add
			Remove

D. If amending a	ıny other information, enter	change(s) here:	(Attach additional sheets, if necessary.)	
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Dated SEPTE	EMBER 19	2013		
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	Tea	~+( Y	Jestin	
			zed representative of a member	
JE.	ANNETTE MARTIN	IEZ		
		Typed or printed r	name of signee	

Page 3 of 3

Filing Fee: \$25.00

TALL THANKS OF STAILS