

LI 000052920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

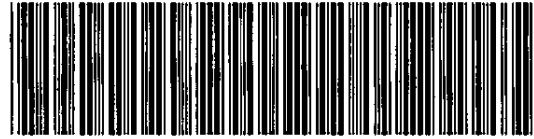
(Business Entity Name)

(Document Number)

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2014 MAR 17 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2014
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MARIA C. ARRIOLA VÉLEZ, P.A.

MARIA C. ARRIOLA VÉLEZ
ATTORNEY AT LAW

35 ALMERIA AVENUE
CORAL GABLES, FL 33134
TELEPHONE: (305) 461-9223
TELECOPIER: (305) 461-9498
E-MAIL: MVELEZ@VELEZLAWOFFICES.COM

March 12, 2014

Registration Section
Division of Corporations
PO \box 6327
Tallahassee, FL 32314

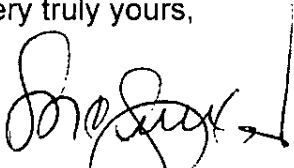
RE: Kangche Nyunga LLC
Document #L11000052920

Dear Sir/Madam:

Enclosed are the following:

1. Articles of Amendment to Articles of Organization of Kangche Nyunga LLC
2. Our check #4246 in the amount of \$25.00 representing the filing fee for filing of the amendment.

Very truly yours,



Mayra C. Guixens
Assistant to Maria C. Arriola Velez

/mcg
encls.

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MAR 17 PM 3:34
CLERK OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Kangche Nyunga 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:

Maria C. Arriola Velez

Name of Person

Maria C. Arriola Velez PA

Firm/Company

35 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

xolomillcorporation@yahoo.com

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

For further information concerning this matter, please call:

Maria C. Arriola Velez

Name of Person

at **(305) 461-9223**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2014 MAR 17 PM 3:34
CLERK OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kangche Nyunga LLC

(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 May 4, 2011 and assigned
Florida document number L11000052920.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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 Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Silvia Zoppis	35 Almeria Ave	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2014 MAY 17 PM 3:34
 COUNTY OF STATE
 CLERK OF SUPERIOR COURT

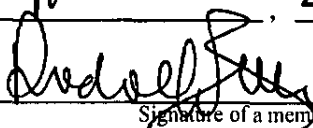
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10, 2014



Signature of a member or authorized representative of a member

Rodolfo Zoppis

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA