

Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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 KUNARQUEN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

G. MCLEOD

OCT 12 2012

EXAMINER

10/11/2012

<https://efile.sunbiz.org/scripts/efilcovr.exe>

110000055938

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KUNARQUEN, 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 05/11/2011 and assigned
Florida document number 110000055938.

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 office address, if applicable

(Principal office address MUST BE A STREET ADDRESS)

3901 S OCEAN DR.

APT 11 H

HOLLYWOOD, FL 33019 U.S.

Enter new mailing address, if applicable

(Mailing address MAY BE A POST OFFICE BOX)

3901 S OCEAN DR.

APT 11 H

HOLLYWOOD, FL 33019 U.S.

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

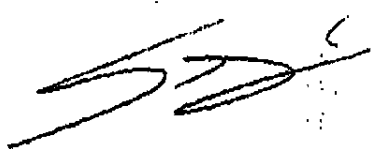
Zip Code

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 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
MGRM	URBANO, SEBASTIAN A	2808 NE 181 ST DEET, PH8 AVENTURA FL 33180 US	☐ Add ☒ Remove
MGR	WALAS, RICARDO	3801 S OCEAN DRIVE APT 11H HOLLYWOOD FL 33018 US	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

Signature of a director or authorized representative of a member

SEBASTIAN A. URBANO, MANAGING MEMBER

Typed or printed name of officer

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