L14000111414

Florida Department of State

Division of Corporations

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

From:
Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000076
Phone : (305)388-7028
Fax Number : (305)479-2705

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KIRSA 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:

TIM SUAZO
Name of Person

ALVAREZ, SUAZO & ASSOCIATES
Firm/Company

13501 SW 128TH ST SUITE 202
Address

MIAMI, FL 33186
City/State and Zip Code

TIM_SUAZO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TIM SUAZO at (305) 388-7028
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

KIRSA 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 09/28/2011 and assigned Florida document number L11000111414.

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 "L.L.C." 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)

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TALLAHASSEE, FLORIDA

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

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	ELFON MIZRAHI, JOSE	13501 SW 128TH STREET, STE 202 MIAMI, FL 33186	☐ Add ☐ Remove ☒ change
MGRM	ELFON DE ROMANO, JESSICA	13501 SW 128TH STREET, STE 202 MIAMI, FL 33186	☑ Add ☐ Remove
MGRM	ELFON TUACHI, ESTHER	13501 SW 128TH STREET, STE 202 MIAMI, FL 33186	☑ Add ☐ Remove
MGRM	ELFON DE COHEN, CELIA	13501 SW 128TH STREET, STE 202 MIAMI, FL 33186	☑ Add ☐ Remove
MGRM	TUACHI DE ELFON, EUGENIA	13501 SW 128TH STREET, STE 202 MIAMI, FL 33186	☑ Add ☐ Remove
MGRM	ELFON TUACHI, ABRAHAM	13501 SW 128TH STREET, STE 202 MIAMI, FL 33186	☑ Add ☐ Remove

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

Dated 10/04/2013

Signature of a member or authorized representative of a member

Jose Elfego Nunez

Typed or printed name of signee

Filing Fee: $25.00

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