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(((H180001144373)))



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To:

Division of Corporations

Fax Number : (850) 627-6383

From:

Account Name

: GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

: (305)670-1991

Fax Number

: (305)670-1993

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

Email Address:

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KAKIN LLC

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April 11, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KAKIN LLC 3777 NE 163 ST 245 N MIAMI BEACH, FL 33160US

SUBJECT: KAKIN LLC REF: L11000119704

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section FAX Aud. #: H18000112600 Letter Number: 618A00007295

P.O BOX 6327 - Tallahassee Florida 32314

1

Fax: (305) 670-1991

Ta:

Fax: (850) 817-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAKIN 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 10/19/2011 and assigned Florida document number L11000119704 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 contain 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: **GUZMAN & GUZMAN PA** Name of New Registered Agent: 9130 S DADELAND BLVD, STE 1509 New Registered Office Address: Enter Florida street address , Florida 33156
Zip Code ΜΙΛΜΙ

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.

City

From: Ana Perdomo

Fax: (305) 870-1991

To:

Fax: (850) 617-6383

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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D. If am	ending any other informa	tion, enter change(s)	here: (Attach additional	sheets, if necessary.)	
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	ord specifies a delayed 90th day after the reco		not an effective time,	at 12:01 a.m. on the earlier	r of:
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