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Special Instructions to	Filing Officer:	
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S. YOUNG



COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	Hikiko LLC					
		Name of Limi	ted Liability Company			
		Amendment and fee(s) are sub-	_			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Cesar Shlain				
			Name of Person			
		Consulting & Service solut	ion Corp			
			Firm/Company			
		2020 NE 163 ST 300D				
			Address		=	No.
		Miami, FL, 33162				副
		info@csstax.com	City/State and Zip Code		JAN -4 PM 4: 40	3337
		_	to be used for future annual report notifi	cation)	PH	
For fur	ther information co	oncerning this matter, please ca	all:		#: #:	
Cesar S	Shlain		754 227-4895 at ()		لتبا	
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
\$25	5.00 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 Sta Certified Copy (additional copy is en	tus &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hikiko LLC		_
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number L12000081193	npany were filed on 06/09/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
		S A
Enter new mailing address, if applicable:		1 33
Mailing address MAY BE A POST OFFICE BOX)		7
		基 [4]
		5
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fioriau street address	
	, Florid	la Zip Code
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Himura Holdings LLC	2020 NE 163 ST 300 D	■ Add
		Miami, FL, 33162	□ Remove
			□ Change
MGR	Alex Lafalce	2130 NE 121 ST	
		North miami, FL, 33181	■ Remove
			□ Change
			Add
			□ Remove
			Change Change
			Add :
			Remove
			Change
			
			□ Remove
			Change
			□ Add
			Remove
			□ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00