L12000090586

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STAIL, THAN ASSEE, FI DRIES.

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COVER LETTER

Division of Cor	porations		
. CHINAK SUBJECT:	imb LLC		
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	N	IARTA E JACOFSKY	
		Name of Person	
		CHINAKIMB LLC	
		Firm/Company	
	23	20 HOLLYWOOD BLVD	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	
	нс	DLLYWOOD FLORIDA 33020	
		City/State and Zip Code	
	E and address (martaj@mejaccounting.com to be used for future annual report notifi	(anti-na)
For further information co	oncerning this matter, please c	·	Cationy
marta e jacofs	ky	305 300-1743	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

CHINA	AKIMB LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L12000090586	Company were filed on 07/11/2012	and assigned
This amendment is submitted to amend the following:	 -	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:	بعدد مستون	
(Mailing address MAY BE A POST OFFICE BOX)		3
		CAR O
		AS Z
B. If amending the registered agent and/or reg	gistered office address on our records, <u>en</u>	ter the name of the nev
registered agent and/or the new registered office ad	ldress here:	
		TSTATE TO
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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	SURIA ZERILLO MARCELA	2320 HOLLYWOOD BLVD	□ Add		
		HOLLYWOOD FLORIDA 33020	_ ■ Remove		
			☐ Change		
			Remove		
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n effective date is listed, the date: If the date inserted in cument's effective date on	ate must be specific a this block does no	and cannot be price t meet the appli	or to date of filing of cable statutory f	or more than 90 days	after filing.) Pu	rsuant to 605 I not be list	5.0207 ed as
record specifies a de The 90th day after th			ot an effectiv	e time, at 12:0	01 a.m. on	the earli	er of
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Filing Fee: \$25.00