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Office Use Only



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2018 NOV -2 AM 9: 11 SECRETARY OF STAT

C. GOLDEN NOV 2 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: King Fish Wave Lic. 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:
Reinaldo Espinosa Name of Person
King Fish Wave Llc.
19701 SW 137 AUG Address
Miami FC 33177 City/State and Zip Code Kinsfishwave & yahoo. com G-mail address: (to be used for futury annual report notification)
Kinsfishwave & yahoo. com Winall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reinaldo Espinosa at (305) 926-6921 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, 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

FILED

2018 NOV -2 AM 9: 10

		SFOR TARY OF STATE
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200009636</u> .9	were filed on	and assigned
This amendment is submitted to amend the following:		
(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		37 AUG
(Principal office address MUST BE A STREET ADDRESS)	Hiami, FC	33177
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
 		a 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 = M $AMBR = A$	lanager .uthorized Member				
<u>Title</u>	<u>Name</u>	<u> 4</u>	Address		Type of Action
MGR	Francisco	Henrandez	1351 Sw	1-2-	□ Add
		-	Miani, FC	33135	Remove
		-			Change
MGR	Judaisy B	Hernandez	1351 Sw	+21	□ Add
	v	-	1351 Sw Miami, A	33131	Remove
			<u> </u>		
	-				□ Add
		-			П Кеточе
					_□ Change
					_□ Add
		-			_□ Remove
					_□ Change
		 .			_□ Add
					_□ Remove
			<u></u>		_□ Change
					_□ Add
					_□ Remove
					Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ective n effective te: If t	date, if other than the date of filing:
	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted	10/30/2018.
	Signature of a member of authorized representative of a member
	Reinaldo Espinosa Typed or printed name of signee

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Filing Fee: \$25.00