

L13000000847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

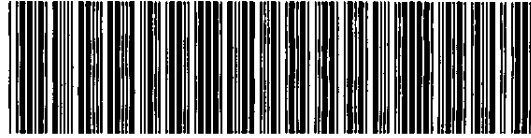
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 07 2015
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kivon, 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:

P Tristan Bourgoignie, Esq.

Name of Person

Tristan Bourgoignie, P.A.

Firm/Company

1200 Anastasia Avenue, Suite 410

Address

Coral Gables, FL 33134

City/State and Zip Code

ptb@miami-droit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. Tristan Bourgoignie, Esq.

305 200 0350
at ()

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NOVICK, Marcela	2740 SW 28th Terrace, #204	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALONSO, Leandro	7111 SW 92 Street	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 30, 2015

Signature of a member or authorized representative of a member


P. Tristan Bourgoignie, Esq. for Marcela Novick, Member

Typed or printed name of signee

RESIGNATION OF MANAGER

EFFECTIVE IMMEDIATELY, I, LEANDRO ALONSO, hereby resign as MANAGER of KIVON, LLC, a limited liability company organized under the laws of the State of Florida, and affirm that the Limited Liability company and other Members have been notified in writing of the resignation.

8/24/2015
August 24, 2015


Leandro ALONSO

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TALLAHASSEE, FLORIDA

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