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Amend

JAN 1 6 2020 I ALBRITTON

## **COVER LETTER**

TO: Registration Section of Corp			
SUBJECT:	KIKA Holdin Name of Lim	OS LL Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Julima	R ContrerA	<u>S</u>
Division of Corporations  SUBJECT: KIKA Hold INGS 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:  TULIMAR COTTRERAS  Name of Person  KIKA HOLDINGS, LLC  Firm/Codpany  730 NW 57th Place, Suttel  Address  Fort Lawerdale, FL 33309  City/State and Zip Code  ACCOUNTING OF Inture unnual report notification)  For further information concerning this matter, please call:  TULIMAR CODE TO SUMMENT OF STATE OF S			
	, Sinte 1		
	Fort Lai	Merdale / FL =	33369
Division of Corporations  SUBJECT: KIKA HOL Nam  The enclosed Articles of Amendment and fee(s)  Please return all correspondence concerning this  Tult  KIKA  Toyl  ACCO  E-mail a  For further information concerning this matter, p  Name of Person  Enclosed is a check for the following amount:  DIVIDED S25.00 Filing Fee S30.00 Filing Fe Certificate of S	account E-mail address: (1	10 da KIKAENT to be used for future annual report not	Henpinses. UM
For further information cor			
•			<del></del>
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status &
Mailing Addrago		Straat Addrass	

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

Kikaltoldi	ngs, LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L1300013 1134</u> .	were filed on Jept 13,2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	20. 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Name of the Limited Liability Company 4s it now appears on our records.)  (A Florida Limited Liability Company)  f Organization for this Limited Liability Company were filed on Per 13, 2016 and assigned ent number 13,000/3/1/3/4.  Int is submitted to amend the following:  Ing name, enter the new name of the limited liability company here:  Sust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." incipal offices address, if applicable:  Since address MUST BE A STREET ADDRESS)  The period office address if applicable:  Since address MUST BE A STREET ADDRESS)  The period office address in a policiable of the new registered of the
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enier Florida street address
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Juliman Contreras	730 NW 57th Place Suite	iLixidd
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		, INP. CO.	^		
<del></del>	Signature of a me	Juliana Julian	sentative of a member		
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