

L13000142673

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07/16/17

Division of Corporations

12:10:46 p.m. 06-07-2017

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : GENERAL SOLUTIONS INC
Account Number : I20140000086
Phone : (305) 255-3310
Fax Number : (305) 355-3320

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sakewsa@kahkow-usa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KAHKOW USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

2017 JUN -7 PM 12:28

TALLAHASSEE, FLORIDA

17 JUN -7 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. WARREN

JUN 08 2017

Beatriz Villabrille

From: corphelp <corphelp@DOS.MyFlorida.com>
Sent: Wednesday, June 07, 2017 11:14 AM
To: Beatriz Villabrille
Subject: RE: L13000142672- ARTICLES OF AMENDMENT

Good morning,

Please see letter copied below, which also provides a contact name and phone number for any questions:

KAHKOW USA, LLC
4406 NW 74TH. AVE
MIAMI, FL 33166

SUBJECT: KAHKOW USA, LLC
REF: L13000142673

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic

filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young FAX Aud. #: H17000140536
Regulatory Specialist II Letter Number:
517A00011112

Valerie Herring

H170001528793

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAHKOW USA 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:

MASSIMILIANO WAX

Name of Person

KAHKOW USA LLC

Firm/Company

6158 NW 74TH AVE

Address

MIAMI FL 33166

City/State and Zip Code

salesusa@kahkow.com

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

For further information concerning this matter, please call:

MASSIMILIANO WAX

305

807-3795

Name of Person

at ()

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAHKOW USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/09/2013 and assigned Florida document number L13000142673.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

6158 NW 74TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33166

Enter new mailing address, if applicable:

6158 NW 74TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 MAY 23

2017

Signature of a member or authorized representative of a member

MASSIMILIANO WAX

Typed or printed name of signee

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