L13000145021

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kakim LLC		
	Name of Limited Liability Company	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conc	erning this matter to the following:	
Mer	cedes Anglade	
	Name of Person	
Kaki	m LLC	
	Firm/Company	
107	50 NW 66th ST. apartment 406	
	Address	
Dora	al, FL 33178	2019 NOV
	City/State and Zip Code	Z N
mang	ade@ma-visual.net	
	E-mail address: (to be used for future annual report notification)	Ser on I
For further information concerning the	s matter, please call:	769 R
Mercedes Anglac	de _{at} 305 4956702	3: 18 EGRICO
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAKIM LLC			
Name of the Limited	Liability Com Florida Limite	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited L. Florida document number L13000145021			
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited li	ability company here:	
N/A			
The new name must be distinguishable and end wit "L.L.C."	th the words "L	imited Liability Company," (the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	88 8 1
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/oregistered agent and/or the new registered of			ecords, enter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Fi	orida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mercedes Anglade	10750 NW 66th ST apt. 406 Doral FL 33178	Add
			Remove
MGRM	Shibing Yu	Room 102, Building No 9, Fuan Zhengyuan , Jiaxing, Zhejiang, China 314001	Add
			Remove
MGR	Kakim International LTD	39 Chase Side Southgate, London, N N14 5-BP UK	Add
			Remove
MGRM	Merlil LLC	16192 Coastal Highway, Lewes, DE 19958	Adda Remove
			Add Remove
			Add
			Remove

D. If amending any other information, ente EIN 46-3902975	er change(s) here: (Attach additional sheets, if necessary.)
LIN 40-3302973	
Dated November 15	2013
Marglade	·
Signature of a	member or authorized representative of a member
Mercedes Anglade	
	Typed or printed name of signee

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Filing Fee: \$25.00

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