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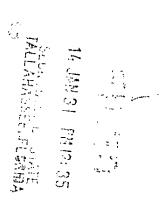
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### **COVER LETTER**

TO: **Registration Section** 

**Division of Corporations** 

KING KIRBY 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:

FEDERICO OLIVIERI	
Name of Person	
Firm/Company	
130 3rd STREET	
Address	
MIAMI BEACH	
City/State and Zip Code	
olivieri.federico@gmail.com	

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

For further information concerning this matter, please call:

Name of Person

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

KING KIRBY LLC				
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on o la Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability (Florida document number L1400006977			_ and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the words "L	imited Liability Company," the design	nation "LLC" or the abbr	eviation "L.I	C."
Enter new principal offices address, if applicable:		(2)	1	
(Principal office address MUST BE A STREET ADD	RESS)		.:.	
		); (1		
			<u> 22</u>	
Enter new mailing address, if applicable:		កំ បា	יין כרי די	•
(Mailing address MAY BE A POST OFFICE BOX)		•	1,	م مورد ود
muning university to the property of the BOA			<u> </u>	
		<del>ن .</del> خزا	;;;;;;; <u>(f)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, <u>enter th</u>	e name of	f the nev
Name of New Registered Agent:				
New Registered Office Address:				
<u> </u>	Enter Florida st	reet address		
<u></u>		, 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TOMMASO TRIO	130 3RD STREET	<b>=</b> Add
		MIAMI BEACH	Remove
		FL 33139	
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C. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date date this document is filed by the Florida Department of State)  Dated  28 JANUARY  2014  .	
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	
Dated 28 JANUARY 2014	<b>ptional)</b> 1ys after
V	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

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