

L14 000006977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

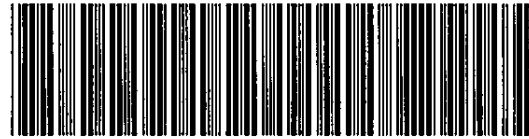
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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14 JAN 31 PM 12:35  
TALLAHASSEE, FLORIDA

FEB 04 2013

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 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:

**FEDERICO OLIVIERI**

Name of Person

**323 3047145**

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

KING KIRBY LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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          | TOMMASO TRIO | 130 3RD STREET | <input checked="" type="checkbox"/> Add |
|              |              | MIAMI BEACH    | <input type="checkbox"/> Remove         |
|              |              | FL 33139       |   |
|              |              |                | <input type="checkbox"/> Add            |
|              |              |                | <input type="checkbox"/> Remove         |
|              |              |                |   |
|              |              |                | <input type="checkbox"/> Add            |
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|              |              |                | <input type="checkbox"/> Remove         |

14 JAN 31 PM 2:55  
TALLAHASSEE, FLORIDA

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

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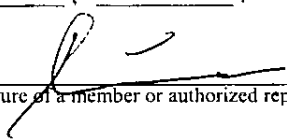
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **28 JANUARY** **2014**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

14 JAN 31 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA