# 1400033/03

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: KUPL	ma mports,	LLL C. ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jorge M Kuruma l 8201 NW Doral, FL Jorge @ K	Name of Person  Mports LLC  Firm/Company  64 Street  Address  33 166  City/State and Zip Code  Uruma Mports, to be used for future annual report noti	Init #8	member 9 PH SILL
For further information of Months of Name of	oncerning this matter, please ca IChael Lpez Person	at ( <u>305</u> ) 607	7- 4448 c Telephone Number	
Enclosed is a check for th	e 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	

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kuruma Imports.	LLC
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for the Organization for this Liability Comparing Articles of Organization for the Organizatio	any were filed on 02-26-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:
The new name must be distinguishable and contain the words "Limited L.  Enter new principal offices address, if applicable:	8201 NW 64 Street
(Principal office address MUST BE A STREET ADDRESS)	Ubral, FL 33166 :0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	
Name of New Registered Agent:	ge Michael Lapez
New Registered Office Address: 820	INW 64 Street Unit #8
Dor	Enter Florida street address  City  Florida  Zip Code
New Registered Agent's Signature, if changing Registered Age	, -,
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	as provided for in Chapter 605, F.S. Or, if this document is
	Jorge Michael Lopez, MGR

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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u> MGB	Name Sorge Lopez	Address 8480 SW 2nd St	Type of Action  _□ Add
	<del></del> J	8480 SW 2nd St Mlami, FL 33144	
MGR	Jorge Michael Lopez	8201 NW 64 Street	Change
<u> </u>	Corge 1 House = Spec	Un,+#8	□ Remove G
		Doral, FL 33166	(A) - (-)
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Note: I	the date, if other than the date of filing:    June   Jule   (optional)	.0207 (3)(b) ed as the
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated _	June 6, 2016.	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00