# 14000176435

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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# **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT:	Kiki Inve	stment Granited Liability Company	oup LLC	
The enclosed Articles of Arr	nendment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Natal	Name of Person	<u>^</u>	-
		Firm/Company		-
	2323 NE	26 Que	#110	- 28 - 28
	Pompano	Bh FL City/State and Zip Code Is a dmd egm to be used for future annual r	33062	2815 MAN - 6
-	nata	hadnd egr	nail.com	7T)
For further information cone			eport notification)	YOF STATE
Name of Pe	Stadler	at ( <u>954</u> )	696 - 3305  Daytime Telephone Number	
Enclosed is a check for the for	ollowing amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica osed) Certified	nte of Status &

## 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

Kiki investment Group LLC			
(Name of the Limited Liai (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Florida document number L14000176635	y Company were filed on 11/13/2014	and assigr	ned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.	C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:		2013 D.	
(Mailing address MAY BE A POST OFFICE BOX)		支票 专	7 FEET
D. If amonding the assistant agent and/on un	-i-4d -65 add		-
B. If amending the registered agent and/or re registered agent and/or the new registered office a	·	mesname of	. ورينه -
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Zip Code	<u></u>
	Cnr	esp cour	

### 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>:

<u>Title</u>	Name	Address Type of Act	<u>tion</u>
MGR	Robert Crispin	2850 ne 9 ct Pompano Beach, FL 33062 ■ Add	
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ective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of receipt or filed date and cannot date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
red March 3 2015.	
1/6)	
Signature of a member or authorized representati	

Page 3 of 3

Filing Fee: \$25.00

