

L14 000 183186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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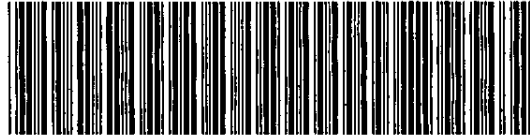
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2016
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KITAMURA INVESTMENTS 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:

FERNANDA SILVA

Name of Person

A&F FINANCIAL LLC

Firm/Company

4851 W HILLSBORO BLVD STE#A2

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

AF-FINANCIAL@AF-FINANCIAL.COM

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

For further information concerning this matter, please call:

FERNANDA SILVA

954 464-8298
at ()

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**

KITAMURA INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/24/2014 and assigned
Florida document number L14000183186.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FIDFIX FIDELITY PROGRAM LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9379 EDEN ROC COURT

DELRAY BEACH, FL 33446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23257 STATE ROAD 7 STE#A2

BOCA RATON, FL 33428

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	JAQUELINE N. M. F. KITAMUR	4851 W HILLSBORO BLVD #A2	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOAO DA CUNHA LIMA NETO	23257 STATE ROAD STE#203A	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
6 MAR 18 PM 1:09
Add
Remove
Change
Add

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

Article III

The new purpose of the Limited Liability Company is Marketing Services and this company may engage in any legal and lawful activity or business permitted under the laws of the United States and of the State of Florida.

This Company may exercise all power and rights under the Florida Limited Liability Company Act.

Article VII

No additional members shall be admitted to this Company except with the unanimous consent of the majority of the unanimous consent of the majority of the members of this Company and on the terms of the Operating Agreement.

Article VIII

The Company shall keep at its principal place of business a list of all membership Interest with records of all certificates of Membership Interest and any transaction with the membership interest shall be under the terms of the Operating Agreement.

16 MAR 18 PM 1:06
SECRETARY OF STATE
ALABAMA
FLORIDA

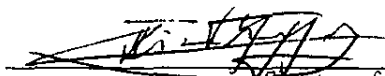
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 04, 2016



Signature of a member or authorized representative of a member

AMBR

Typed or printed name of signee