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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SMM SRS

COVER LETTER

TO: Registration Section
Division of Corporations

Kunachia LLC
SUBJECT: _____

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:

Jessie Ebert

Name of Person

Kunachia LLC

Firm/Company

519 E Sheridan Street Suite #304

Address

Dania Beach FL, 33004

City/State and Zip Code

jessie@salascbertaccounting.com

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

For further information concerning this matter, please call:

Jessie Ebert

954 404-6400

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 &
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(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

FLORIDA
DEPARTMENT OF STATE
REGISTRATION OF CORPORATIONS
5 MAY 18 PM 5:26

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>
MGR	Santiago Stacey	519 E Sheridan St Suite #304 Dania Beach, FL 33004	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Marisol Gutierrez	3150 North Palm Air Dr Pompano Beach, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Carlos Gutierrez	519 E Sheridan St Suite #304 Dania Beach, FL 33004	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Add: FEIEIN Number : 47-3354162

E. Effective date, if other than the date of filing: _____ (optional)
If no 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 604.0207 (2)

(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 603.0207 (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 05/12/15

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Santiago Stacey

Typed or printed name of signee

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