

**L15000049784**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850)617-6383

**EFFECTIVE DATE**  
**5/19/2015**

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KANDO ART LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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**RECEIVED**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 MAY 22 PM 3:52  
15 MAY 22 AM 10:29

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H15000124667

KANDO ART 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 03/19/2015 and assigned  
Florida document number L15000049784

This amendment is submitted to amend the following:

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

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:

13255 SW 137TH AVE SUITE 105

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33186

Enter new mailing address, if applicable:

13255 SW 137TH AVE SUITE 105

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33186

**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**

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H15000124007

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	GERMAN ALVAREZ	5422 NW 21ST AVE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GREGORIO ALVAREZ	5422 NW 21ST AVE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARELIS ALVAREZ AQUINO	14601 SW 88 ST APT K405	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADDING ARELIS ALVAREZ AQUINO AS AUTHORIZED PERSON - NON MEMBER

UPDATE BUSINESS ACTIVITY TO ANY LAWFULL BUSINES

Add: FEI/EIN NUMBER: 47-3489010

**E. Effective date, if other than the date of filing:** 05/19/2015 (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 MAY, 20 2015



Signature of authorized representative of a member

GABRIELA ALVAREZ

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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