

L15000165653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

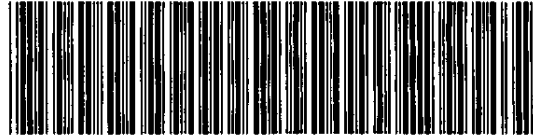
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG 16 P 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

AUG 18 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KLC USA, 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:

VICTOR A. HUBER

Name of Person

Firm/Company

2905 Point East dr. # L 414

Address

AVENTURA, FL 33160

City/State and Zip Code

klc.vh@uol.com.br

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

For further information concerning this matter, please call:

VICTOR A HUBER

786 916 7200
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2015 JUN 6 P 2:35
REGISTERED AGENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF STATE
TALLAHASSEE, FLORIDA


[illegible]

(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)

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.

AUGUST 09, 2016



Signature of a member or authorized representative of a member

VICTOR A HUBER

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA