115000/65653

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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08/16/16--01023--018 **25.00



S Warren

AUG 18 2016

COVER LETTER

Division of Co			
KLC USA SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	VICTOR A. HUBER		
		Name of Person	
		Firm/Company	
•	2905 Point East dr. # L 41	4	
		Address	
	AVENTURA, FL 33160		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	klc.vh@uol.com.br		
.		to be used for future annual report noti	neation)
For further information	concerning this matter, please c	all:	
VICTOR A HUBER		786 916 7200 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
MAIL	JNG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000165653</u> . This amendment is submitted to amend the following:	y were filed on 09/29/2015 and assigned
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2905 POINT EAST DR - L414
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33160
Enter new mailing address, if applicable:	2905 POINT EAST DR - L414
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA, FL 33160
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	re:
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	- ree to act in this capacity. I further agree to comply with t e performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			☐ Remove
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ctive date, if other than the dat	te of filing:	_ (optional)
effective date is listed, the date must be s	specific and cannot be prior to date of filing or more than 90 d	lays after filing.) Pursuant to 605.0
: If the date inserted in this block	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed
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Filing Fee: \$25.00