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COVER LETTER

DIV	ision of Cor	porations		
eun iezer		lobal Group, LLC		
SUBJECT:		Name of Lim	sited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Ruben Civil		;
			Name of Person	<u></u>
		Kunashe Global Group, Ll		<u>.</u>
			Firm/Company	
		968 NW 206 TERRACE	Time Company	
			Address	
		MIAMI GARDENS, FL 3	3169	
			City/State and Zip Code	
		mrcivil13@yahoo.com	to be used for future annual report	
		E-man address: (to be used for future annual report	notification)
For further in	iformation e	oncerning this matter, please c	all:	
Ruben Civil			786 213-2929	
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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

TO:

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

KUNASHE GLOBAL GROUP, LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our recording the Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 12/15/2015	and assigned
Florida document number L15000208101		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
	ı ⁻	
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 ADDRES.	<u>s)</u>	-
		M. F. M.
Enter new mailing address, if applicable:		그 모 그
(Mailing address MAY BE A POST OFFICE BOX)		0:1 5:
		<u> </u>
		•
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	. Flo	orida
	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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ruben Civil	968 NW 206 TERRACE	
		MIAMI GARDENS, FL 33169	П.
			☐ Remove
			☐ Change
COO	Louime, Clifford, Dr.	968 NW 206 TERRACE	
	1'		
	· .	MIAMI GARDENS, FL 33169	
			Remove
			☐ Change
000	Marie Civil	968 NW 206 TERRACE	
CFO		<u> </u>	∆dd
		MIAMI GARDENS, FL 33169	
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Sective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Deparation.	e specific and cannot be prior to does not meet the application.	able statutory filing	(option to than 90 days after fi requirements, this d	ing.) Pursuant to 605.02
record specifies a delayed e he 90th day after the record		ot an effective tir	me, at 12:01 a.i	m. on the earlier
ed February 27	2019	·		
Sig	gnature of a member of auth	orized representative o	f a member	

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Filing Fee: \$25.00