

L16 0000003367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

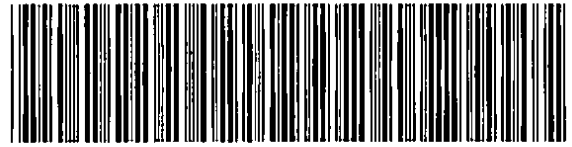
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500332841135

08/15/19--01013--007 **60.00

2415 AUG 15 AM 9:29
ST...
1111

Y SULKER

AUG 21 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KUENKO, 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:

MONICA DIAZ

Name of Person

MONICA DIAZ, CPA

Firm/Company

8306 MILLS DRIVE, SUITE 244

Address

MIAMI, FLORIDA 33183

City/State and Zip Code

MONICADIAZCPA@YAHOO.COM

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

For further information concerning this matter, please call:

MONICA DIAZ

at (305) 984-6544

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 & Certified Copy (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

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	SAKE-WA	6420 SW 92 STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KABUKI-WELLINGTON	100 SW 10TH STREET, #503	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33130	<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

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 July 23, 2019

Handwritten signature of Alvaro Urcola Sousa

Signature of a member or authorized representative of a member

ALVARO URCOLA SOUSA

Typed or printed name of signee