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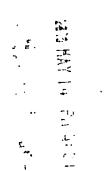
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COVER LETTER

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WK USA	IMPORTERS, LLC		
	Name of Limi	ted Liability Company	
rticles of A	Amendment and fee(s) are subr	nitted for filing.	\
l correspor	ndence concerning this matter t	to the following:	٠,٠
	SONIA CARRARINI		
		Name of Person	
	AAS ACCOUNTING US,	INC	
	1840 JEFFERSON AVENT	Firm/Company UE #303	
	MIAMI BEACH, FL 3331	Address 39	
	SONIA@AASACCOUNTI	City/State and Zip Code NG.US	
	•	•	ication)
ormation co	oncerning this matter, please ca	ali: 786 553-9384	
Name of	f Person	at () Area Code Daytime	Telephone Number
heck for th	e following amount:		
ing 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)
	or of Corp WK USA rticles of / I correspond ARINI Name of	SONIA CARRARINI AAS ACCOUNTING US, 1840 JEFFERSON AVENT MIAMI BEACH, FL 3331 SONIA@AASACCOUNTI E-mail address: (commation concerning this matter, please callaring) ARINI Name of Person heck for the following amount: ing Fee \$30.00 Filing Fee &	Name of Limited Liability Company Price of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: SONIA CARRARINI Name of Person AAS ACCOUNTING US, INC Firm/Company 1840 JEFFERSON AVENUE #303 Address MIAMI BEACH, FL 333139 City/State and Zip Code SONIA@AASACCOUNTING.US E-mail address: (to be used for future annual report notification concerning this matter, please call: ARINI Name of Person Area Code Daytime theck for the following amount: Ing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy

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

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

AR'	TICLES OF .	AMENDMENT		
	T	O	المقند.	
ART	ICLES OF O	RGANIZATIO	N Company	
	О	F		
			- E	
IWK USA IMPORTERS, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	our records.)	
The Articles of Organization for this Limited I.	iakilitu Company	ware filed on 01/12/20	N our records.) Old and assigned	
	павину Сопрану	were med on	and assigned	
Florida document number L16000007958	·			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the appreviation "L.L.C.	
Enter new principal offices address, if appli-	cable:	1840 JEFFERSON A	VENUE #303	
(Principal office address MUST BE A STREI	ET ADDRESS)	MIAMI BEACH, FL 33139		
				
Pater and aciding address if applicable		1840 JEFFERSON A	AVENUE #393	
Enter new mailing address, if applicable:	. 000	MIAMI BEACH, FL	, 33139	
(Muiling address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>		
B. If amending the registered agent and	1/intoward o	ffice address on our	we records antar the name of the new	
registered agent and/or the new registered of			records, enter the hante of the new	
		_		
Name of New Registered Agent:	BALWANT C	НЕЕМА		
Name of New Registered Agent.				
New Registered Office Address:	8301 NW 197	<u> </u>		
		Enter Florida si		
	MIAMI		Florida 33015	
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	STEFANO COZZA	4000 PONCE DE LEON BLVD	5 .411
		CORAL GABLES, FL 33146	□ Add
			Remove
		1010 177777 0011 117177 1770	□ Change
MGR	CRISTIAN TOMBACCO	1840 JEFFERSON AVENUE #303	= Add
		MIAMI BEACH, FL 33139	
			Remove
			Change.
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fective date, if other that n effective date is listed, the dote: If the date inserted in cument's effective date on	this block does not meet t	he applicable statuto	ng or more than 90 days ry filing requirements	optional) after filing.) Pursuant to 60 , this date will not be lis)5.020 ited a
record specifies a de The 90th day after th	layed effective date, e record is filed.	, but not an effec	tive time, at 12:0	31 a.m. on the earl	ler d
MAY 2	20	19	- سد		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00