L1600007958

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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	IWK USA IMPORTERS, LLC		
	Name of Limited Liability Company		
The enclosed Art	icles of Amendment and feets) are submitted for filing.		
Please return all (correspondence concerning this matter to the following:		
	CRISTIAN TOMBACCO		
	Name of Person		
	IWK USA IMPORTERS, LLC		
	Firm/Company		
	1840 JEFFERSON AVENUE, SUITE 303		
	Address	TAI D	ener 2002 2013 4 10
	MIAMI BEACH, FL 33139	2024 DEC 16 MH HI H3	۹۰ رور و ۱۰۰۰ و
	City/State and Zip Code	にもの	1 • . 1
	veronica@iwkimporter.com		
	h-mail address: (to be used for future annual report notification)	m.n ==	اير د
For further infor	nation concerning this matter, please call:	10 5	
VICTOR	IA PEREZ at (954) 640-0297		
	IA_PEREZ at (<u>954</u>) 640-0297 Name of Person Area Code Daytime Telephone Number		
Enclosed is a chu	cck for the following amount:		
X \$25,00 Filin	g Fee 🛛 \$30.00 Filing Fee & 🖂 \$55.00 Filing Fee & 🖂 \$60.00 Filin	ng Fee.	

N

Certificate of Status

Certified Copy (additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IWK USA IMPORTERS (<u>Name of the Limited Lia</u> (A Flo	i, LLC <u>ibility Company as it now appears on our records.</u>) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>1.16000007958</u>	y Company were filed on01/12/2016 and assigned
This amendment is submitted to amend the following	2
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>)	SECRETARIA
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records. <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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. Thereby 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, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL SHAY	134 SAINT JAMES STREET, #2	NAdd
		KINGSTON, NY 12401	🗆 Remove
			□Change
	<i></i>	<u> </u>	DIAD
			Remove
			🗇 Change
			🗆 Add
			🗆 Remove
			 □Chimese SECR TAL
			Change 2024 DEC 16 e Alt 11 e 13
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<u> </u>	<u> </u>		DPVD
			🗆 Remove
			🗇 Change

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	2024 DEC SECKETA
	2024 DEC 6 AH
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ate if other than the date of filing:	5 5

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

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 _	December 3rd	2024		
		Michael Shay	5k 10	
	Signature of a member or authorized representative of a member			
		MICHAEL SHAY		
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of	Signee	_