

L16 0000 22646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

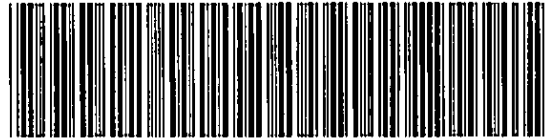
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/20--01035--020 **25.00

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
20 MAY 26 PM 3:27

Amend

JUN 16 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAWAMA CONSTRUCTION & CONSULTING, 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:

M.L. Posada

Name of Person

Landa-Posada P.A.

Firm/Company

1313 Ponce De Leon Blvd. Suite 301

Address

Coral Gables, FL 33134

City/State and Zip Code

MPOSADA@LPM-LAW.COM

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

For further information concerning this matter, please call:

M.L. POSADA

at (305) 476-9050

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

20 MAY 26 PM 3:27
STATE
DIVISION OF
CORPORATIONS
-LLC-

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KAWAMA CONSTRUCTION & CONSULTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/02/2016 and assigned
Florida document number L16000022646

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1550 ZULETA AVE

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33146-2318

Enter new mailing address, if applicable:

1550 ZULETA AVE

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33146-2318

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

FILED
20 MAY 26 PM 3:27
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA

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	ARMAS, CARLOS J	1550 ZULETA AVE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146-2318	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARMAS, GEORGIANNE	1550 ZULETA AVE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146-2318	<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
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			<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.)*

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 "proposed.")

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 May 19 2020

Signature of a member or authorized representative

ARMAS, CARLOS J

Typed or printed name of signee

Filing Fee: \$25.00