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(Req	juestor's Name)	
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(City	/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Corp	ction porations		
SÜBJE	KASHING.	LLC		
SUBJE	LI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		KERNETT HOLLINGSHI	EAD	
			Name of Person	
		KASHING,LLC		
			Firm/Company	
		5070 NW 41st CT		
			Address	
		LAUDERDALE LAKES,	FL 33319	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Nigelm1108@yahoo.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furtl	ner information co	oncerning this matter, please ca	all:	
KERNI	ETT HOLLINGS	HEAD	954 655-1069 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
			• ;	
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KASHINU,LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000099420	ity Company were filed on 5/23/2016	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable		16 KOV 18
(Principal office address MUST BE A STREET A	DDRESS)	10 6 TI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	643
B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office address on our records, <u>ent</u> address here:	er the name of the new
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, 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:

Type of Action

MGR = Manager

AMBR = Author	orized Member	
Title	<u>Name</u>	Address
MGR	NIRAN MANNING	6911 ENVIRON BLVD, UNIT 3K

———		——————————————————————————————————————	Add
		LAUDERHILL, FL 33319	□ Remove
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Effec	tive date, if other than the date of filing:(optional)
Note:	ffective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	Signature of a member or authorized percentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00