# 11600175367

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    | <u> </u>    |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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|                         |                    |             |
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2018 MAR 12 AM 8: 16
SECHETARY OF STATE

## **COVER LETTER**

| Division of Corp            |   | gar <sup>a</sup>  |   |
|-----------------------------|---|---|---|
| ·<br>SUBJECT:               | KIRO  | is ilc  | , , , , , , , , est   |
|                             | Name of Lim                                     | ited Liability Company  |   |
| The enclosed Articles of A  | Amendment and fee(s) are sub                    | omitted for filing  |   |
|                             | idence concerning this matter                   | -   |   |
|                             | EDU ARI   | DO UELTSCHI   |   |
|                             |   | Name of Person  |   |
|                             |   | UELTSCH & CO. Firm/Company  |   |
|                             |   | Firm/Company  |   |
|                             | 32 S. Osp                                       | rey Ave. #101 Address   |   |
|                             |   |   |   |
|                             |   | SARA SOTA FL 34736 City/State and Zip Code                          |   |
|                             |   |   |   |
|                             | E-mail address: (                               | LELTSCH 1 . CO to be used for future annual report notif            | ication)  |
| For further information co  | ncerning this matter, please ca                 |   |   |
| Edu <b>a</b> (do            | Weltschi  | al (941 ) 54989   | 549   |
| Name of                     | Person  | at (941) 549 85<br>Area Code Daytime                                | Telephone Number  |
|                             |   |   |   |
| Enclosed is a check for the | e following amount:                             |   |   |
| \$25.00 Filing Fee          | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclose |

### 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

|  | KIRO'S   |                      |
|--|--|----------------------|
| (Name of the Limited   | d Liability Company as it now appears on our r<br>A Florida Limited Liability Company) | records.)            |
| The Articles of Organization for this Limited Lia Florida document number <u>L 160001753</u>           | •  | 20/2016 and assigned |
| This amendment is submitted to amend the follow  | wing:  |                      |
| A. If amending name, enter the new name of t   | the limited liability company here:  |                      |
| Enter new principal offices address, if applical<br>( <u>Principal office address MUST BE A STREET</u> |  |                      |
| Enter new mailing address, if applicable:  |  |                      |
| (Mailing address MAY BE A POST OFFICE B  | <u></u>  |                      |
| B. If amending the registered agent and/or registered agent and/or the new registered offi             |  | ECKE)                |
| New Registered Office Address:   | S454 KENSINGTOR  | SI : FOR # 17:       |
| now registered Office Address.   | Enter Florida street   | address ORA co       |
|  | SARASOTA   | _, Florida = 34732   |
|  | 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

Page 1 of 3

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>      | Type of Action |
|--------------|-------------------|---------------------|----------------|
| M6RM         | KIMBERLY ZORRILLA | S454 KENSINGTON ST. | <b>⊠</b> Add   |
|              |                   | SARASOTA A 34232    | Remove         |
|              |                   |                     | Change         |
| MGRM         | RAMON LIRA        | S454 KENSINGTON ST  |                |
|              |                   | SARASOTA, FL 34732  | Remove         |
|              |                   |                     | Change         |
|              |                   |                     | Add            |
|              |                   |                     | ☐ Remove       |
|              |                   |                     | Change         |
|              |                   |                     | □ Add          |
|              |                   |                     | Remove         |
|              |                   |                     | Change         |
|              | -                 |                     | □ Add          |
|              |                   |                     | Remove         |
|              |                   |                     | Change         |
|              |                   |                     | □ Add          |
|              |                   |                     | Remove         |
|              |                   |                     | 🗆 Change       |

| Effective date, if other than the date of filling:    Coptional   Coptional   |                        |  |                             |                | _           |
|---|------------------------|--|-----------------------------|----------------|-------------|
| Effective date, if other than the date of filing:   | -                      | i .  |                             |                | _           |
| Effective date, if other than the date of filing:  [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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated February 10 the 2018  Signature of a member of authorized representative of a member |                        |  |                             |                | _           |
| Effective date, if other than the date of filing:  [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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated February 10 the 2018  Signature of a member of authorized representative of a member |                        |  |                             |                |             |
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| Effective date, if other than the date of filing:   |                        |  |                             |                |             |
| Effective date, if other than the date of filing:   | <del></del>            |  | ·                           | ~~~            | _           |
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| Signature of a member of authorized representative of a member  |                        |  | t 12:01 a.m. on t           | he earli       | ier of:     |
|   | Dated                  | February 10th 2018   |                             |                |             |
|   |                        |  |                             |                |             |
| 11  |                        | - de farment   | -1                          |                |             |

Page 3 of 3

Filing Fee: \$25.00