116000180988

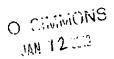
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



500322456515

01/03/19--01017--017 **25.00



COVER LETTER

| TO; | Registration Se Division of Cor | ction porations | | |
|---------------|---|---|---|--|
| C1:D 11 | KAUFERE | N, LLC | | |
| SUBJI | -C.1: | Name of Lin | nited Liability Company | |
| The en | closed Articles of . | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | CARLOS A. MACCHI | | |
| | | WEALTH PROJECTS | Name of Person | |
| | | P. O. BOX 161976 | Firm/Company | Person Person Manager Manag |
| | | MIAMI, FL 33116-1976 | Address | |
| | | macchiins@bellsouth.net | City/State and Zip Code | |
| | t de la companya de | | to be used for future annual report notifi | cation) |
| | ner information ce DS A. MACCHI | oncerning this matter, please co | | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclose | rd is a check for the | e following amount: | | |
| ≘ \$25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | KAUF | EREN, LLC | | |
|--|--|---|---------------------------|-----------------|
| (Name of the Limite | l Liability Compa A Florida Limited | iny as it now appears on ou Liability Company) | r records.) | |
| The Articles of Organization for this Limited Lia Florida document number L16000180988 | bility Company | were filed on <u>09/28/20</u> | 16 | and assigned |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited ljab | ility company here: | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabi | lity Company," the designati | on "LLC" or the abbrev | iation "L.L.C." |
| Enter new principal offices address, if applicable: | | 1020 MERIDIAN AVI | ENUÉ | |
| Principal office address MUST BE A STREET | `ADDRESS) | APT 204 | | يس |
| | | MIAMI BEACH, FL 3 | 3139 | |
| | | | - | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1020 MERIDIAN AV | ENUE | 25 |
| | | APT 204 | | 7.3 |
| | | MIAMI BEACH, FL 3 | 3139 | Ģ |
| | | | | . 2 |
| B. If amending the registered agent and/o registered agent and/or the new registered office. | | | records, <u>enter the</u> | name of the ne |
| Name of New Registered Agent: | LAZARO R. C | ABRERA | | |
| New Registered Office Address: | 1020 MERIDIAN AVENUE APT 204 | | | |
| | Enter Florida street address | | | |
| | MIAMI BEACH | - | Florida ³³¹³⁹ | |
| | | City | | Lip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|-------------------------|-----------------|
| MGR | MATIAS L CABRERA | 1020 MERIDIAN AVENUE | |
| | | | |
| | | AP F 204 | |
| | | NASAL DE ACH. 61, 20120 | Remove |
| | | MIAMI BEACH, FL 33139 | 57 2 (2) |
| | | | LI Change |
| | | | D Add |
| | | | [] Remove |
| | | | |
| | | | O Change |
| | | | <u>ن</u> ف |
| | | | |
| | | | |
| | | | CI Remove |
| | | | □ Change |
| | | | 00 |
| | <u></u> | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | |
| | | | D Change |
| | | | |
| | | | Remove |
| | • | | (1) Change |

| ************************************** | | | | |
|--|--|-------------------------|--|------------------------|
| | | | | |
| | | | | |
| | | | ···· | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | . | 5 |
| | *************************************** | | | |
| | | | | ئىد. ئاسىنى |
| | | | | |
| | | | <u> </u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ective date, if other than the date of 1 | i 1/30/2018 | | fontional | . |
| effective date is listed, the date must be specifi e: If the date inserted in this block does tument's effective date on the Department | ic and cannot be prior to not meet the applicab | date of filing or more | than 90 days after filin | g.) Pursuant to 605.02 |
| record specifies a delayed effective he 90th day after the record is fil | ve date, but not led. | an effective time | e, at 12:01 a.m. | on the earlier |
| NOVEMBER 30 | 2018 | | | |
| ed | · | . • | | |
| Signature | of a member or authori | zed representative of a | mensher | |
| _ | | | | |

Page 3 of 3

Filing Fee: \$25.00