# 上16000322773

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	ma\
(Bu	Siness Enuty Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
Opecial matructions to	r imig Omoer.	

Office Use Only



07/14/17--01026--002 \*\*60.00

FILED

17 JUL 14 PM 3: 04

SECULIAR) OF STATE
FAIL AHASSEE FLORIDA

S. WARREN 17 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Kiko 2 Investment 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:
Roberto Padron Name of Person
Kiko 2 Investment LLC
9828 NW 135 st.  Address
Halch Garden Al 33018
City/State and Zip Code  City/State and Zip Code  Permail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roberto Patron at 786, 306-0772
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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** 

The Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned	
Florida document number	,		
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 I	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2)		
		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registerer registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		ecords, enter the name of the ne	
	Enter Florida stree	et address	
<del></del>		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	elete performance of my du as provided for in Chapte	ties, and I am familian with and r 605, F.S. Or, if this document is	

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:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}\mathbf{I}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marida Padron	9828 NW 185 87 Halch Gardens 301	Add
	1	Habeh Gardens 3301	Remove
		<del></del>	□ Change
			Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
<del> </del>			🗆 Add
			□ Remove
			☐ Change
			□ Add
		<u>-</u>	□ Remove
			Change
			#Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		LORID)	Remove

<u></u>					
					<del></del>
	<u>.</u>				
					<del></del>
-	* * * * * * * * * * * * * * * * * * * *				
		•			<u> </u>
Tective date, if other than an effective date is listed, the dat	the date of filing:	nnot he prior to date of fitin	g or more than 90 days	optional)	~ <del>6</del> 05 020
ote: If the date inserted in the ocument's effective date on the	iis block does not mee	t the applicable statutor	y filing requirements	s, this date will not be	e listed as
cument's effective date on t	ne Department of State	e s records.			
			ive time, at 12:	01 a.m. on the e	arlier o
		e, but not an errect	• •		
		e, but not an errect	•		
The 90th day after the		e, but not an errect	,		
The 90th day after the		e, but not an effect	,	SESSI FALL	
The 90th day after the	record is filed.	· ·		TALLAIK	— <sub>1</sub> 1
The 90th day after the	record is filed.  Signature of a mer	nber or authorized represen	ntative of a member	17 JUL IL SEOIG IARI TALLAHASSEI	— <u>—</u>
e record specifies a dela The 90th day after the lated 7/10/17	record is filed.  Signature of a mer	· ·	ntative of a member	17 JUL IL PH 3: OK SESKE JART OF STATE FALLAHKSSEE, FLORIDA	FILED

Page 3 of 3

Filing Fee: \$25.00