

L17000231380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

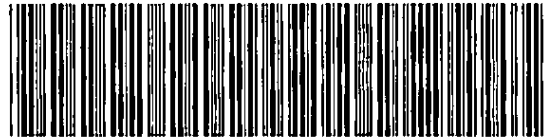
(Business Entity Name)

(Document Number)

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11/28/17--01008--001 **25.00

2017 NOV 27 AM 11:35
FALL ARIZONA COUNTY

27 NOV 27 AM 8:49

NOV 29 2017

Y SULKER

COVER LETTER

TO: Registration Section
→ Division of Corporations

SUBJECT: C K IMPORT USA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIRIAM DE TORO

Name of Person

MIRIAM DE TORO CPA PLLC

Firm/Company

3850 SW 87 AVE SUITE 301

Address

MIAMI, FL 33165

City/State and Zip Code

MIRIAM@DETOROCPA.COM

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

For further information concerning this matter, please call:

Name of Person

at (305) 448-1648

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C K IMPORT USA, 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 11/08/2017 and assigned
Florida document number L1700231380.

This amendment is submitted to amend the following:

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

CK IMPORT USA, LLC

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

Enter new principal offices address, if applicable:

6405 NW 36 STREET STE 113

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

6405 NW 36 STREET STE 113

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

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:

JAZIM MARTINEZ

New Registered Office Address:

6405 NW 36 STREET STE 113

Enter Florida street address

MIAMI

, Florida FL

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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		_____	☐ Remove
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(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 (3)(b)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee