## L18000039754

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL.
(Bu	usiness Entity Name	е)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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<i>d</i>	Office Use Only	



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SECRETARY OF STATE:

K. SALY MAR 23 2018

## **COVER LETTER**

Division of Corp	
SUBJECT:	RIKHUNA LLC
JOBSECT.	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	There say an an arte A
	KICAZDO SALAZAR VEGA  Name of Person
	PIKHUNA Firm/Company
	т шив сопірану
	1528 WHITEHALL DZ # 406
	Address
	DAVE, FL 33324  City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
(C) (A) (C)	722 300 722
Name of	Person at (720) 309 9367 Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount: Already Paid.
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

SECRE SECRE	FILED MAR 22 PM 2:55
records.)	TARY OF STATE
13/18	and assigned

ZIKHUN	JA STATE STATE OF THE PROPERTY
(Name of the Limited Liability Com (A Florida Limited	Dany as it now appears on our records.)  (Ciability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 18000039754</u> .	y were filed on 2 13 18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
N / A	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	M / t
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	N / A
New Registered Office Address:	Enter Florida street address
	Times states and secondaries

## 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 Type of Action <u>Address</u> Title Name RICARNO SALAZAR VEGA 1528 WHITEHALL DRIVE #406 CEO □ Remove ☐ Change SAME ) JUSTIN BABGOCK AMBR ☐ Add ☐ Remove 🔼 Change ☐ Add □ Remove PH Comove \_□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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ive date, if other than the date of filing:	(optional)	
ective date is listed, the date must be specific and cannot be prior to date of filing or mo If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursi requirements, this date will r	uant to 605.0207 10t be listed as
ent's effective date on the Department of State's records.	• • • • • • • • • • • • • • • • • • •	
cord specifies a delayed effective date, but not an effective ti 90th day after the record is filed.	ime, at 12:01 a.m. on the	ne earlier of
John day after the record is med.		
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C Hara		
Signature of a member or abunorized representative	or a memoer	

Page 3 of 3

Filing Fee: \$25.00



March 5, 2018

RIKHUNA, LLC RICARDO SALAZAR VEGA 1528 WHITEHALL DR. #406 DAVIE, FL 33324

SUBJECT: RIKHUNA, LLC Ref. Number: L18000039754

We have received your document for RIKHUNA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 518A00004420



RECEIVED

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DEPARTMENT OF STATE

BIVISION OF CORPORATION

SIVISION OF CORPORATION

FALL A HASSEE, FLORIST