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To:

Division of Corporations

Certificate of Status

Fax Number : (850) 617-6393

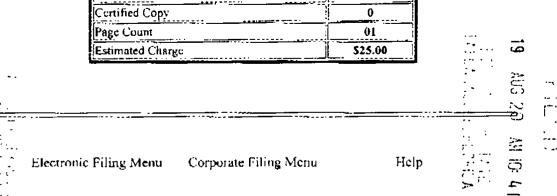
from:

Account Name : PEDRO LUZQUINOS Account Number : 120170000042 Phone : (954)655-8413 Fax Number : (954)432-8807

Enter the email address in/ this business entity to be used for future annual report mailings. Enter only one email address please.

EDBLI Address: PLURQUINOFFE HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES KA 333 LLC



O SIMMONS AUG 21 2019 TO:

COVER LETTER

TO:	Registration Se Division of Cor								
SHD IE	CT.	NES KA 333 LLC							
Name of Limited Liability Company									
The encl	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.						
Please re	eturn all correspo	ndence concerning this matter	to the following:						
		IOE ANTAR ZAKIA							
			Name of Person						
			Firm/Company						
		14937 SW 41 ST LANE							
		MIAMI, FL 33185	Address						
		PLUZQUINOSF@HOTM/							
			in he used for future annual report n	olification)					
	her information of LUZQUINOS	oncerning this matter, please or	954 655-8413						
	Name of	Persin	Area Code Days	ine Telephone Number					
Encloses	d is a check for th	e following amount:							
■ \$2 5.	.00 Filing Fce	□ \$30.00 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)					
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 (see, 14, 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations					

H190002477703

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 >>

INVERSIONES KA 333 LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>4s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 02/13/2018	and assigned
Florida document number L18000040276	<u></u> ·	
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the lim	ited liability company here:	
		5
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		·
A		· · · · · · · · · · · · · · · · · · ·
Enter new mailing uddress, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-· <u></u>
B. If amending the registered agent and/or regis		s, enter the name of the ne
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
N. D. Str. of Cont. Address.		
New Registered Office Address:	Enior Florida street addres	75
	F1	
-	City.	orida
	***Y	

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

H190002477703

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
AMBR	ZAKIA, JOSE ANTONIO	14937 SW 41ST LAND	
 ·-		A A A A A T For a Parision	
		MIAMI, FL 33185	Remove
		· · · · · · · · · · · · · · · · · · ·	•
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Remove
			- FO Change
			ن د د د د د د د د د د د د د د د د د د د
			2) Add
			□ Remove
			Change
		<u></u>	Add
			☐ Remove
			☐ Change
			O Add
			□ Кеточе
			Change
			Add
			Remove
			□ Change

Page 2 of 3

JOE ANTAR ZAKIA

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ective date, if other than the effective date is listed, the date must extend in this blooment's effective date on the De	ock does not meet the applica	to date of filing or more the	(optional) in 90 days after filing.) Pursi irements, this date will n	ant to 605.02 Of be fisted
record specifies a delayed he 90th day after the reco		t an effective time,	at 12:01 a.m. on th	ne earlier
ed AUGUST 20	2019			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00