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COVER LETTER

TO:	Registration Sec Division of Corp				
OT UN TE	1 Cilm	KANU	DECOR LLC.		
SUBJE	Cr:	Name of Lim	Name of Limited Liability Company		
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspor	idence concerning this matter	to the following:		
			Angelica Alzate		
			Name of Person		
	Kanu Decor LLC				
Firm/Company					
260 NW 40TH ST.					
			Address		
			Miami, FL 33127		
			City/State and Zip Code		
		E	kanudecor@gmail.com		
For furt	her information co	e-mail address: (to be used for future annual report no	uncation)	
	Angelica Alzate 786 295-3595at ()				
	Name of	Person	Area Code Daytii	ne Telephone Number	
Enclose	ed is a check for the	e following amount:			
□ \$25	5.00 Filing Fee	\$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)	

MAILING ADDRESS:

TO:

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

FILED

18 MAY II PM 3-59

	KANU DECOR LLC.	TALL	LIARY OF STATE
(Name of the Limited	Liability Company as it now appear A Florida Limited Liability Company)	on our records.)	ALTARY OF STATE ALTARSSEE, FLORIDA
The Articles of Organization for this Limited Lia Florida document numberL18000060527	• •	March 07, 2018	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liability company he</u>	<u>re</u> :	
The new name must be distinguishable and contain the wor		esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)		
·			
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
		, Florida	
	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>	Address	Type of Action
AMBR	DENNIS R. CASTRO	120 NW 34TH ST. MIAMI, FL 33127	
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ote: If the	ate, if other than the dat date is listed, the date must be date inserted in this block effective date on the Depar	does not meet the	e applicable sta	tutory filing requir	ements, this date	.) Pursuant to 605.020 will not be listed a
	specifies a delayed ef n day after the record		but not an e	ffective time, a	t 12:01 a.m.	on the earlier o
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Page 3 of 3

Filing Fee: \$25.00