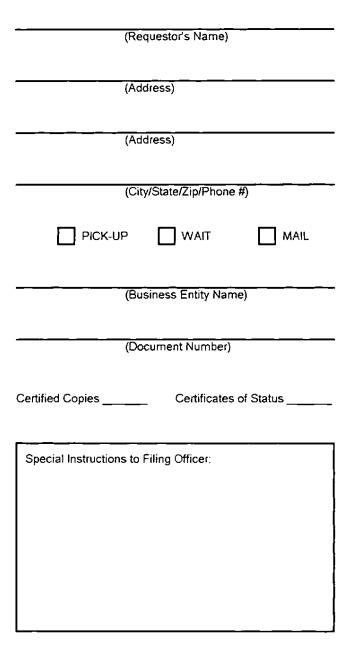
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Office Use Only



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COVER LETTER

TO:		istration Sec ision of Corp					
CHDIE	CТ.	Kiwi Ventu	res LLC				
SUBJE	C1;		Name of Lim	ited Liability Company			,
The end	closed	Articles of a	Amendment and fee(s) are sub	emitted for filing.			
Please 1	return	all correspon	ndence concerning this matter	to the following:			
			Billal Abdul Rahman				
Name of Person Kiwi Ventures LLC							
	Firm/Company						
1157 Hackberry Dr.							
			Orlando,Fl. 32825	Address			
	City/State and Zip Code Billalabubaker@gmail.com						<u></u>
			E-mail address: (to be used for future annual report no	otification)	۰ ۰ سر از	1
For fur	her ir	iformation co	oncerning this matter, please c	all:			, \ ~
Billal Abdul Rahman 321 245 1008					, لمب.	٠.	
		Name of	Person	at () Area Code Dayt	ime Telephone Number	O	
Enclose	ed is a	check for th	e following amount:				
\$25	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified :	e of Status &	

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

Kiwi Ventures lle		
(Name of the Limited Liab (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number L18000072701	/ Company were filed on 03/21/2018	and assigned
nis amendment is submitted to amend the following:	:	
. If amending name, enter the new name of the li	imited liability company here:	
ne new name must be distinguishable and contain the words "!	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or re		enter the name of the
gistered agent and/or the new registered office a	<u>ddress here</u> :	5 1
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		0
	Enter Florida street address	•
	, Flor	ida
	S my	zy Cha

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 ompany 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
Pres	Billal Abdul Rahman	1157 Hackberry Dr	
			Add
		Orlando, fl 32825	_
			☐ Remove
			☐ Change
	Emad Abdallah Sulieman	4513 Saint Georges Ct.	O Change
VP			■ Add
		Kissimmee,Fl 34746	
			☐ Remove
			☐ Change
VP	Susan Pharaon	1157 Hackberry DR	
-			Add
		Orlando,Fl 32825	
			□ Remove
			Change
	Wajiha MOhammad Ibrahim	4513 Saint Georges Ct.	O Change
P			Add
		Orlando,Fl. 34746	7
			Remove
			(F)
_			Change
			∧dd
			. O O C
			☐ Remove
			Change
			Cominge
_			□ Add
		• • • • • •	
			☐ Remove

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		. • •
10 /17/2010	- ;:3	
10 /)7/2018 ective date, if other than the date of filing:	<ز لميد	٠.
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we turnent's effective date on the Department of State's records.	Pursuant to 605 ill not be liste	5.020 ed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o he 90th day after the record is filed.	n the earlie	его
cd		
Billed Roberts		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00