

L18000084469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

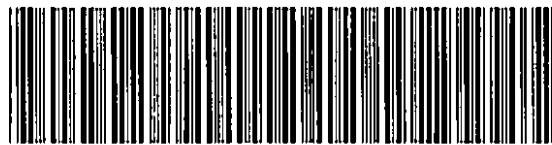
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT
JUDICIAL
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Kreative LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kabir Frutos Bonache
Name of Person

Kabir Capital LLC
Firm/Company

1200 Buckell Ave, Ste. 800
Address

Miami, FL 33131
City/State and Zip Code

accounting@kabircapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kabir Frutos Bonache at (786) 599 2232
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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:
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

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Miami Kreative LLC

Page 1 of 3

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>
MGR	Kabir Frutos Borcacha	1608 SE 1st St.	<input type="checkbox"/> Add
		St. PH.	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131.	<input type="checkbox"/> Change
AMBR	Kabir International Group.	1200 Brickell Ave.	<input checked="" type="checkbox"/> Add
		St. 800	<input type="checkbox"/> Remove
		Miami, FL 33131.	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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8:20

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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STATION TALLAHASSEE, FLORIDA

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F. Effective date, if other than the date of filing: 01/19/18 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

07/18

18.

Signature of a member or authorized representative of a member

Owner / Manager

Typed or printed name of signee