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(Re	equestor's Name)	-
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. COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT: Mia	Mi Kreativ Name of Limite	A LLC d Liability Company			
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.			
Please return all corresponde	nce concerning this matter to	the following:			
	Kabir	Frutus Bonac	he_		
	Kabir	Capital LL Firm/Corhpany	<u>C</u>		
	_1200 Bnc1	Lell AVI, St. BC	0		
	Mian	City/State and Zip Code (1 @ V a biv (a b)	 tril com		
-	E-mail address: (to	be used for future annual report riotific	ration)		
For further information conc	erning this matter, please call	:]]	
Kahir Tru Name of Pe	ts Bonache	at (70(0) 590 Area Code Daytime	2232. Felephone Number	18 AUG 13	7
Enclosed is a check for the fo	ollowing amount:		رنت بین	S	LED
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe)

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	and assigned
	and assigned
Florida document number <u>L180000 8 4 46 9</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, en registered agent and/or the new registered office address here:	ALLAHASSEE, FLORD de new ter the name of the new
Name of New Registered Agent:	·
New Registered Office Address: Enter Florida street address	
. Florida	ı
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 Type of Action <u>Title</u> Name 1 **Address** Kabir Frutus Borache 168 SE 1st St. MIR Str. PH. Miami, FL 33131. AMBR Kabir International 1200 Brickell Ave grade (noup. Stc. 800 Miami, FL 33131 , □ Change 0.000 P ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ffective date, if other than the d	ate of filing		<u> 19/18</u>	(optional)	405 030
fan effective date is listed, the date must blocker. If the date inserted in this block document's effective date on the Dep	k does not n	neet the applica	able statutory f	ling requirement	s after fling.) Pursu s, this date will no	or be listed a
recurrence selective date on the freq	artificiti of 5	tate s records.				
e record specifies a delayed The 90th day after the reco		late, but no	t an effectiv	e time, at 12:	01 a.m. on th	e earlier o
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Dated <u>07/18</u>	;	18.	<u>_</u> :_			
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Page 3 of 3

Filing Fee: \$25.00