

218000094653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

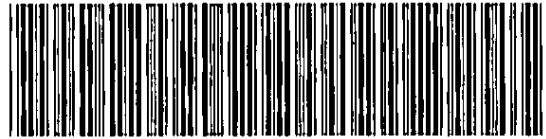
(Business Entity Name)

(Document Number)

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DATE 07/16/18 BY 634

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D BRUCE  
JUL 21 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LITTLE K 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:

LUIS M FERNANDEZ BORGES

\_\_\_\_\_  
Name of Person

LITTLE K LLC

\_\_\_\_\_  
Firm/Company

18230 NW 2ND AVE

\_\_\_\_\_  
Address

MIAMI GARDENS FL 33169

\_\_\_\_\_  
City/State and Zip Code

dorisilva14@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS M FERNANDEZ BORGES

786

262 2163

\_\_\_\_\_  
Name of Person

at (

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

2019 JUL 16 PM 6:34

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTE K LLC

(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 04/14/2018 and assigned Florida document number L18000094653.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LITTLE K LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

18230 NW 2ND AVE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI GARDENS FL 33169

**Enter new mailing address, if applicable:**

SAME

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DORIS SILVA	417 SW 4TH TERR	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH FL	<input type="checkbox"/> Remove
		33009	<input type="checkbox"/> Change
AMBR	JORGE A GARCIA	1450 ATLANTIC SHORES BLV	<input checked="" type="checkbox"/> Add
		APT 303 HALLANDALE FL	<input type="checkbox"/> Remove
		33009	<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"/> Remove
			<input type="checkbox"/> Change

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

FORM 10-16 FD-634

E. Effective date, if other than the date of filing: 04/16/2018 (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.

(b) The 90th day after the record is filed.

Dated JULY 12, 2018

LLg

LUIS M FERNANDEZ BORGES -- MGR

Typed or printed name of signee