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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 Phone : (305)485-930

Phone : (305)485-9300 Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:					
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMPORTADORA KASADAJE L.L.C

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLAF'A GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

IHPORTADORA	Kasadaje L.L.C
(Name of the Limited Liability C (A Florida Lin	Company as it now annears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on and assigned
Plorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	10 O
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido street address
	, Flortda City Zip Code
	Oith

New Registered Agent's Sigunture, 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 = Ma AMBR = At	nnager uthorized Member		
Title	Name	Address	Type of Action
MGR	MARCO SALAZAR	7200 Nw 31 street Hiami 7/ 331	. <u>22.</u> 🗆 Add
			Remove
			☐ Change
MGR H	PARCO SAMUEL SALAZAR ANDRADE	7200 Nw 31 street Hami FC. 3:3122	& Add
			□ Remove
			☐ Change
MGR	EDISON JAPA	7200 NW 31 ST STreet Mianife 33	122 Add
			(2) Remove
			Change
HGR	NEBON RICARDO PEREZ BASA	INTES 7200 NW 31 ST STREET Hicum, FL 33	12208 Add
			Remove
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			Change

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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

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Effective date, if other than the date of fifth official date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department.	or meet one appoint	date of filing or more to the statutory filing rea	han 90 days after fili guirements, this da	ing.) Pursuant to 605.0207 ate will not be listed as
ne record specifies a delayed effectiv The 90th day after the record is file	e date, but not ed.	an effective time	e, at 12:01 a.r	n. on the earlier of
Dated 7 - 10 - 18	HAVEO	Lach Ca		
Signature	r. a methiber or author	ized representative of a	member	
	MARCA .	SALAZAR		

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