Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I19990000017 : (305)485-9300 Phone Fax Number : (305)485-1098

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

Email Address:

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

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

IMPORTADORA KASADAJE L.L.C		
(Name of the Umited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/07/2018	and assigned
Florida document number L18000110327	<u></u> .	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	
		. S
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 add	stered office address on our records, <u>enter</u> iress here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		;
TO IN TABLE OF THE PARTY OF THE	Enter Florida street address	. <u></u>
	, Florida	
	Ciry	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>	Address	Type of Action
MGR	MUNOZ, FABIAN	7200 NW 31ST STREET	
		MIAMI, FL 33122	Remove
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			D Add
			□ Remove
080 SW 84	ALDO E.A. AVENUE SUITE C		U Change
IAMI, FL (H.: (305) 4	33155 ·85-9300		

D. If

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ective date, if other than the da a effective date is lived, the date must be tel. If the date inserted in this block current's effective date on the Depa	does not meet the applicable Malutory II	(optional) or more than 90 days after filing.) Pursuant to 605.03 fling requirements, this date will not be listed
record specifies a delayed e The 90th day after the recor	ffective date, but not an effectiv d is filed.	e time, at 12:01 a.m. on the earlier
ted SEPTEMBER, 16	20192	

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