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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
TALL AHASSEE, FLOORS

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COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	Kenudo LLC			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Juan Cappellin		
		-	Name of Person	
		Kenudo LLC		
			Firm/Company	.
		1650 Galiano st, apt 303		
			Address	
		Coral Gables FL 33134		
		jcappellin@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	iformation co	ncerning this matter, please ca	all:	
Juan Cappell			617 480 1440 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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:

TO:

Registration Section

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

Kenudo LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\frac{L18000141032}{L18000141032}$	y Company were filed on June 07, 2018 and assigned and assigned.
This amendment is submitted to amend the following	ŗ.
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and contain the words "I	Limited 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 AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETAIL SECRETAINS SEE
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, engelihe name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Zip Citic

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>	Type of Action
MGR	Alexandra Cappellin	60 SW 13th st, unit 4202 Miami, FL. 33130	□ Add
			■ Remove
			Change
MGR Gabriela Cappellin	Gabriela Cappellin	60 SW 13th st. unit 4202 Miami, FL. 33130	Add
			■ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
		Remove	
		Change	
			Add
			□ Remove
			Change

er er mille	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated_	October 31. 2019.
	Signature of a purchasing distribution of the state of th
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00