11/20/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ζ.

Account Name : CLARA GIRALDO ENROLLED AGENT

Account Number : I1999000017

Phone Fax Number

: (305)485-9300 : (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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L & K AMAZING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

1.5.6			
L&K AMAZING LLC			
Name of the Limited I	lability Company as it now assessment		
(A)	lability Company as if now appears on our storida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 07/03/2018		
Florida document number L18000161790	y a surprise more more on		and assigned
Tronda document number			
This amendment in the			
This amendment is submitted to amend the following	ng:		
A If armonding			
A. If amending name, enter the new name of the	limited liability company here		
The new pages guest he died			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abi	reviation "I. I. C."
Enter new principal offices address as	•		provident 120.C.
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESSI		
;			
	-		
Enter now mailing address to			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		**************************************
TO A			
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B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on any	-	
registered agent and/or the new registered office	eddress have	oras, <u>enter t</u>	he name of the new
	adress tier t.	្រ	·
,		ine)	
Name of New Registered Agent:		1.0	
~			
New Registered Office Address:			
1	Enter Florida street ad	Idrare	
	Service a record du con qu	en cri	
<u> </u>		, Florida	
	City		Zip Code
			THE PARTY CONTROL

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> MGR	<u>Name</u> ENGEL, LEONARDO G	Address 3608 SW 17 ST	Type of Action
		MIAMI, FL 33145	O Add
			■ Remove
•			□ Change
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			☐ Remove
ARA GIRA 080 SW 84 1AMI, FL 33 1.: (305) 48	AVENUE SUITE C	age 2 of 3	☐ Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effect	tive date, if other than the date of filing: (optional)
	ICCUVE CINE IS IISION. The date must be specific and connect be exist to date of diagrams.
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