## L18000192394

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100354061301

10/30/20--01007--001 \*\*25.00

TABLE TO PASSEC

O SIMMONS DEC 0 8 2020

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations	•	
SUBJECT:		ANCIAL LLC	
NUBJECT	Name of Lim.	ited Liability Company	
The enclosed Articles of	.  Amendment and fee(s) are sub	mitted for tiling.	
riease return all correspo	ndence concerning this matter	to the following.	
	Javier Markowicz		
		Name of Person	
	KANES FINANCIAL LLC		
	<del> </del>	Firm/Company	<del></del>
	2999 NE 191 St; Suite 702		
		Address	-
	Aventura, FL, 33180		
		City/State and Zip Code	<del></del>
	jmarkowicz@mrkinternatio		<u>-</u>
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all;	
Javier Markowicz		786 371-1295	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KANES FINANC	CIAL LLC	#	, υ	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)	-	
The Articles of Organization for this Limited Liability Company  Florida document numberL18000192394	were filed on	08/13/2018	and assigned	
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abl	previation "L.L.C."	
nter new principal offices address, if applicable:	3400 NE 192 St#	2007		
Principal office address MUST BE A STREET ADDRESS	Aventura, Florida			
	33180			
Enter new mailing address, if applicable:	3400 NE 192 St #	2007		
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, Florida			
	33180			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ords, enter the nam	e of the new regis	
		, Florida		
-	City	, FIOLIGA	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 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	AGUERREBERE, CARLOS JOSE	18851 NE 29th Ave, SUITE # 769	□Add
		Aventura, FL 33180	■ Remove
			Change
MGR	DIANIS NESTOR	3400 NE 192 St # 2007	<b>=</b> Add
		Aventura, FL 33180	□ Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Add
			🗆 Remove
			□ Change
			Remove
			□ Change

				υ . ·	5։	
		<del></del>				
					<del>-</del>	
				<del></del>		
				<del> </del>		
		<u></u>				<del></del>
				<del></del>	<del></del>	
		<u>-</u>				
						_
<del></del>			<del></del>			
		<del></del>				_
	<del>_</del> _			·	- <del></del>	
<u>te:</u> If the date i	other than the date of the listed, the date must be specific inserted in this block does are date on the Department	not meet the applical	o date of filing or n ble statutory filir	nore than 90 days g requirements	optional) after filing.) Pursuant to , this date will not be	605.0207 listed as
ecord specifies a is filed.	delayed effective date, bu	t not an effective tin	ne, at 12:01 a.in.	on the earlier o	f: (b) The 90th day	after the
ted	October 26	2020	- ``J <i>A</i> JI			
			rized representative			