LISOCO 19239H

(Re	questor's Name)	
(Ad	dress)	
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(,	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		06/22/21
		157h

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COVER LETTER

Registration Section Division of Corporations

TO:

CUDIECT.	KANES	FINANCIAL LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Javier Markowicz		
		Name of Person	
	KANES FINANCIAL LL	С	
		Firm/Company	
	Address Aventura, FL, 33180		
		City/State and Zip Code	
	jmarkowicz@mrkinternatio		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Javier Markowicz		786 3711295 at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 HAY 17 PH 3: 45

KANES FINANCIAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con-	mpany were filed on	08/13/2018	and assigned
Florida document numberL18000192394			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<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 of agent and/or the new registered office address here:	office address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
	Z	, Florida	71. 0. 1
	City		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>	Address 21 MAY 17 PM 3: 45	Type of Action
MGR	Alfredo Cantera	6572 Eaton St Hollywood, FL, 33024	≣ Add
			□Remove
			Change
			□Add
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			□ Change
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			□Remove
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	nation, enter change(s) here: (Attach	William State
		21 HAY 17 PH 3: 45
		
-		
e: If the date inserted in this r	e date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
cord specifies a delayed effecti filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
ed May 13	2021	
	Signature of a member or authorized represe	
	organized or a member or authorized represe	mative of a member