

L18000293004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED

2019 APR -8 PM 5:25

C GOLDEN

APR 15 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kleindorf International LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMMA C. RIOT

Name of Person

Firm/Company

11226 NW 50<sup>th</sup> Terrace

Address

DORAL FL 33178

City/State and Zip Code

CRIO71@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMMA C. RIOT

Name of Person

at (786)

Area Code

4731012

Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:**  
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

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

2019 APR -8 PM 5:25  
FILED

The Articles of Organization for this Limited Liability Company were filed on 12-24-2018 and assigned Florida document number L18000293004.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

EMMA C. RIVT

New Registered Office Address:

11226 NW 50<sup>th</sup> Ter, D

Enter Florida street address

DORAL

City

Florida

33178

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.

Emma C. Rivt

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>	<u>Type of Action</u>
AMBR	CHAWAN GARABET	11226 NW 50 <sup>th</sup> Ter, DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RIVAS TINOCO OMAIRA	11226 NW 50 <sup>th</sup> Ter DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RIVAS TINOCO WILLIAM	11226 NW 50 <sup>th</sup> Ter. DORAL FL. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR.	RIOT EMMA	11226 NW 50 <sup>th</sup> Ter DORAL FL 33178.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIVAS TINOCO WILLIAM	11226 NW 50 <sup>th</sup> Ter DORAL FL. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAWAN GARABET	11226 NW 50 <sup>th</sup> Ter DORAL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

04 / April 2019

Signature of a member or authorized representative of a member

DAIRA KIAS Tinoco

Typed or printed name of signee