

U90000 14910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

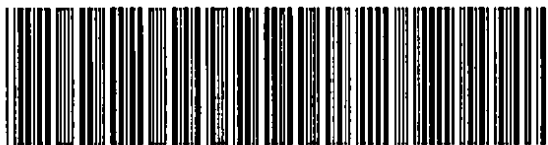
(Business Entity Name)

(Document Number)

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STATE
CLERK

US
10/2/20

COVER LETTER

TO: ☒ Registration Section
Division of Corporations

SUBJECT: Puku LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Londono

Name of Person

Money Trust incometaxes Inc

Firm/Company

12211 SW 132nd Ct

Address

Miami, FL 33186

City/State and Zip Code

sandra@moneytrusttax.com

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

2028 AUG 10 PM 3:05
REGISTRATION

For further information concerning this matter, please call:

Sandra Londono 305 2512121

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Puku 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 Company were filed on 01/13/2019 and assigned
Florida document number L19000014910.

This amendment is submitted to amend the following:

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

KYA Marketing LLC

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

Category	Item	Quantity	Unit Price	Total Price	Notes	Actions
Category 1	Item 1.1	10	1.50	15.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 1.2	20	2.00	40.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 1.3	30	3.00	90.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Category 2	Item 2.1	40	4.00	160.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 2.2	50	5.00	250.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 2.3	60	6.00	360.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Category 3	Item 3.1	70	7.00	490.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 3.2	80	8.00	640.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 3.3	90	9.00	810.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Category 4	Item 4.1	100	10.00	1000.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 4.2	110	11.00	1210.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	Item 4.3	120	12.00	1440.00		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

0. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change the Name of the LLC

2020 AUG 10 PM 3:05

Effective date, if other than the date of filing: 08/04/2020 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08/04 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00