## 119000071831

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## **COVER LETTER**

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SURIFCT:		LLC		
oobst.cr.		Name of Lim	ited Liability Company	<u> </u>
The enclose	d Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
		JESSENIA VEGA		
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  JESSENIA VEGA  Name of Person  AVALON INCORPORATORS LLC  Firm/Company  201 ALHAMBRA CIRCLE SUITE 600  Address  CORAL GABLES, FL 33134  City/State and Zip Code  BLEON@VIVANCOYVIVANCO.COM  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  NIA VEGA  Name of Person  Area Code  Daytime Telephone Number			
		AVALON INCORPORAT	FORS LLC	
		<del> </del>	Firm/Company	
		201 ALHAMBRA CIRCL	E SUITE 600	
REFINERA LLC  Name of Limited Liability Comp  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  JESSENIA VEGA  Name of Pe  AVALON INCORPORATORS LLC  Firm/Comp  201 ALHAMBRA CIRCLE SUITE 600  Address  CORAL GABLES, FL 33134  City/State and Z  BLEON@VIVANCOYVIVANCO.COM  E-mail address: (to be used for futur)  For further information concerning this matter, please call:  JESSENIA VEGA  Name of Person  Area Co  Enclosed is a check for the following amount:  S25.00 Filing Fee  S25.00 Filing Fee  S25.00 Filing Fee  Certificate of Status  Certificate Certificate  Certificate	Address			
		CORAL GABLES, FL 331	134	
		<del></del>	City/State and Zip Code	<del></del>
		BLEON@VIVANCOYVIV	ANCO.COM	
		E-mail address: (t	to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	dl:	
JESSENIA	VEGA			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

REFINERA 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  $\frac{03/14/2019}{1}$ and assigned Florida document number L19000071831 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KUNTURI TRADING GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_

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 = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
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			Add
			Remove
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Effective date, if other than the date of filing:		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 The 90th day after the record is filed.  Dated 17th of December 2019	,	
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Dated		
NICOLOGICA DE CONTRACTO DE LA CONTRACTO DE LA CONTRACTO DE LA CONTRACTOR D	Dated	17th of December 2019 Signature of a member or authorized tepresentative of a member
		JESSENIA VEGA

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Filing Fee: \$25.00