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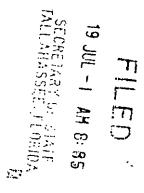
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

Division of Corporations		
SUBJECT: KWAFE	SONI3 LLC	
Na	ume of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
KEAE	SHER G WATSON H	?00K€
	KWATSONIB LLC	
	Firm/Company	
	3250 Sw 315+ S	s +
H	Pigmi FL 33155	
·	City/State and Zip Code	
		Sanda a
	l address: (to be used for future annual report notif	neation)
For further information concerning this matter	, please call:	
Kenestlee & watson de	at (305) 965- Area Code Daytimo	5279
Name of Person	Area Code · Daytime	e Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing I Certificate of		□ \$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

Kwats	BON13 LLC	
(Name of the Limited Liah (A Flor	ility Company as it now appears on our reida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number <u>£190001424</u>		28 - 19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	19 SEU
		JUL -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		75
		<u> </u>
		25 OI
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street a	address
		_, Florida
	City	Zip Code
Naw Degistered Agent's Signature if changing Degists	rad Aganti	

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

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** Type of Action MATSON MOOKE □ Add ☐ Remove **☎** Change AUBR ADILESY GI 3404 torremolinos AUE MANDE MIRANI, FL 33178 □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change

	char	ige O-	ne lett	er in	
	The	uge O-	Name	an Z	Fur an
 					
					
		·			
Effective date, if other than f an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and ca is block does not mee	t the applicable stat	f filing or more than 9	(optional)	.) Pursuant to 605.0
e record specifies a dela	ived effective dat	e hut not an ei	fective time at	12:01 a m	on the earlier
The 90th day after the	record is filed.		recure time, at	12.V1 a,III.	on the camer
ated <u>June</u>	<i>2</i> 7	2019			
	KeaesHee (Signature of a mer	on Watson	Hooke		

Page 3 of 3

Filing Fee: \$25.00