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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	KERUMA			
SCHILCI.		Name of Lim	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Ylsen Morales.		
			Name of Person	
		Keruma LLC		
		1013 Trailmore Ln.	Firm/Company	
		Weston, FL 33326.	Address	
		keruma62@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	fication)
For further it	iformation c	oncerning this matter, please ca	all:	
Ylsen Moral			954 7560626 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Keruma LLC				
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)			
he Articles of Organization for this Limited Liability Company were filed on June 19 2019 and assigned orida document number 119000161223				
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	on "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)	2013			
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ecords, enter the name of the r			
Name of New Registered Agent:	.,			
New Registered Office Address: Enter Florida street	t address			
	, Florida			
City	, F101101a 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 t 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ylsen Morales.	1013 Trailmore Ln. Weston, FL 33326.	
		11111111	
			Remove
			Change
AMBR -	Angel Rosendo	1013 Trailmore Ln. Weston, FL 33326	
			□ Remove
			E Change
			Add
		 	□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			□ Change

		
Effective date, if other than I an effective date is listed, the date Note: If the date inserted in thi locument's effective date on the	s block does not meet the app	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 opticable statutory filing requirements, this date will not be listed as ords.
ne record specifies a dela The 90th day after the		not an effective time, at 12:01 a.m. on the earlier o
Dated	2019	
ilsen).	Howles CM Signature of a member or a	authorized representative of a member
Ylsen Morales and A	ingel Rosendo	
	<u></u>	printed name of signer

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

Page 3 of 3

Filing Fee: \$25.00