# 119000 217708

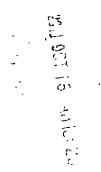
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000335289690

10/16/19--01011--001 \*\*25.00





### **COVER LETTER**

ans LLC		بر بر سور
	·-	- C.
Name of Lin	nited Liability Company	
		,
Amendment and fee(s) are sub	omitted for filing.	••
ndence concerning this matter	to the following:	ŕ
Alejandro Acosta		
Parkin Laura III	Name of Person	<u> </u>
Kasnin Loans LLC		
	Firm/Company	
959 Crandon Blvd.		
	Address	
Key Biscayne Fl. 33149		
alejandro.acosta@me.com	City/State and Zip Code	
E-mail address: (	to be used for future annual report notifi	cation)
oncerning this matter, please ca	all:	
	305 5150056	
<u> </u>	at ()	Telephone Number
Person	Area Code Daytime	Telephone Number
e following amount:		
☐ \$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)
	Name of Lin  Amendment and fee(s) are sub indence concerning this matter  Alejandro Acosta  Kashin Loans LLC  959 Crandon Blvd.  Key Biscayne Fl. 33149  alejandro.acosta@me.com  E-mail address: ( oncerning this matter, please c	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Alejandro Acosta  Name of Person  Kashin Loans LLC  Firm/Company  959 Crandon Blvd.  Address  Key Biscayne Fl. 33149  City/State and Zip Code alejandro.acosta@me.com  E-mail address: (to be used for future annual report notification for the second

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Kashin Loans LLC		16.2
(A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on	and assigned
forida document number	·	. 필 당
his amendment is submitted to amend the following:		.3
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		enter the name of the
registered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
	-	
New Registered Office Address:	Enter Florida street address	
	Flori	da
	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

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>	Type of Action
MGR	Alejandro Bernal Janna	959 Crandon Blvd Key Biscayne, Fl. 33149	
			☐ Remove
			Change
	<del></del>	☐ Remove	
		Change	
		Remove	
	<del></del>	Change	
		Add	
		□ Remove	
		Change	
			□ Remove
			Change
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:  (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)(6)  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.
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 Oc. + 11 . 2019
Signature of a member or authorized representative of a member
Alejandro Acosta Munager Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00