19000300123

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/30/2020		₩WALK IN
ENTITY NAME EKICOR	P USA, LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Cortificate of Status	
P2	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	I'DN	
NUMBER OF CERTIFICAT	ES REQUESTED	_
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so m	ruch!

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, Fl. 32314

BERDU INVERSIONES LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gustavo Daneri Preis Name of Person Berdu Inversiones LLC Firm/Company 1441 BRICKELL AVE #1008 Address Miami Florida 33131 City/State and Zip Code gustavo@ekicorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adriana Vinuela Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Berdu Inversiones LLC			
(<u>Name of the Lin</u>	nited Liability Comp (A Florida Limited	oany as it now appears on our records Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Horida document number L19000300123		y were filed on 12/09/2019	and assigned
This amendment is submitted to amend the fo	llowing:		
a. If amending name, enter the new name	of the limited lia	bility company here:	
kicorp USA LLC			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if appl	icable:	1441 BRICKELL AVE #1008,	FL 33131
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable:		1441 BRICKELL AVE #1008.	FL 33131
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or	registered office	address on our records, enter	the name of the new registe
gent and/or the new registered office addr		<u></u>	ω ω
Name of New Registered Agent:	Adriana Vinu	ela	, i
New Registered Office Address:	8832 SW 59th	St Miami, FL 33173	•3
		Enter Florida street address	1.
	Miami	, Flo	orida <u>33713</u>
		City	Zin 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>	Address	Type of Action
MGR	UGARTE CARILLO, THIARA	6385 BISCAYNE BLVD APT# 2121	□Add
		NORTH MIAMI BEACH, FL 33160	■Remove
			□Change
			□Add
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ctive date, if other than the da effective date is listed, the date must b	e specific and cannot be prior	to date of filing or mo	(optional) re than 90 days after filing.) Pur	suant to 605.02
e: If the date inserted in this bloc ument's effective date on the Department			requirements, this date will	not be listed
·				
ord specifies a delayed effective c	late, but not an effective ti	me, at 12:01 a.m. or	the earlier of: (b) The 90	th day after th
filed.				
27th OCTOBER	2020			
ed	·	-· () ((1)	
			3-1-V	

Filing Fee: \$25.00

Typed or printed name of signee