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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	houale Kimiko LLC
-	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:

	- Royale Robinson
	Firm/Company 2934 W. 11th Street
	Address
	Jacksonnile, Flunda 32264 City/State and Zip Code
-	admin O ligale Kimiko. Cem

For further information concerning this matter, please call:

Boulale Kobins m(9W) 397-4099Area Code Davtime Telephone Number Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Euing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Kugale Kimike Kugale (Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	
Florida document number <u>LADOD NO303</u> . This amendment is submitted to amend the following:	<u> うしみろ_りみいみの</u> and assigned
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	202
Enter new mailing address, if applicable:	1 2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recor	یں ds, enter the name of the new register
B. If amenging the registered agent and/or registered office address on our recor agent and/or the new registered office address here: Name of New Registered Agent:	

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 abligations 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Euroder	Royale A. Robinson	2934 W. 11th Street	XAdd
Ci U		Jacksonville, Flonda 32254 1925	E Remove
		United states of America	🗆 Change
Funder	KIMIKO D. JUNOS	2260 University Blvd Nort	h 🗆 Add
		Apt. 69	Remove
		Jacksonn 112, FL32211	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (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)(b) 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	Q-1 June 1st good .	
	-	
	Signature of a member or authorized representative of a member	
i	Rouale Robinan	
	Typed or printed name of signee	