Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC Account Number : I20200020121 Phone : (770)928-2700 Fay Number : (888)777-8102

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KUNAN LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H20000319876 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUNAN LLC		<u> </u>
(Name of the Limited Liability Compar (A Florida Limited L	iability Company))
The Articles of Organization for this Limited Liability Company Florida document number L20000252778	were filed on 08/17/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "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) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records,	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and S.S. Or, if this document

If Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

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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
AMBR	GOMEZ, HERNAN	6200 METROWEST BLVD STE 201-D	Dád
		ORLANDO, FL 32835	■ Remove
			☐ Change
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			Remove
			Change
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		☐ Remove	
			Change
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_	anding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Matei	live date, if other than the date of filling: (optional) fective date is listed, the date must be specific and cannot be price to date of filling or more than 90 days after filling.) Pursuant to 603.0207 (3,8) If the date inserted in this block does not incer the applicable statutory filling requirements, this date will not be listed as the tent's effective date on the Department of State's records.
if the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	SEPTEMBER, 14TH 2020 Signature of a member or authorized representative of a member
	JORGE A CARDELLE Typed or printed name of signee

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