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COVER LETTER

Division of Corp	porations		
SUBJECT: KWA)	J PAPMAL UC) ·	· .
	Name of Lim	ited Liability Company	•
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	maria Konta	Parille	
		Name of Person	
		Firm/Company	
	250 NE 25	1 Steet, APT J-103	
		Address	
	Minni, FL	-, 33137	
		-1 33137 City/State and Zip Code	
	KARLA@ EU	PAN CAPITAL · MET to be used for future annual report noti	
	E-mail address; (i	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
201. i. V. 1	1 8 a 112	205 Fda	1752
Name of	Person	at (<u>305</u>) <u>549-4</u> Area Code Daytim	re Telephone Number
		·	·
, , , , , , , ,			
Enclosed is a check for th	e following amount:		
☐ \$25,00 Filing 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KWAN CAPITAL C	<u>u0</u>		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears o imited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000 29 3741</u>	mpany were filed on	10/2000	and assigned
his amendment is submitted to amend the following:	٠		
A. If amending name, enter the new name of the limite	ed liability company here	:	
he new name must be distinguishable and contain the words "Limite	xl Liability Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		·	
Principal office address MUST BE A STREET ADDRE	<u></u>		
		 	
Enter new mailing address, if applicable:	<u></u>		2020
Mailing address MAY BE A POST OFFICE BOX)			
			1
	ce. 1.1		3.0
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	omice address on our reco	ords, <u>enter the name</u>	of the new registe
			17
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	Ciţ		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 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
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ament's effective date on the Department of State's records.	(optional) or more than 90 days after tiling.) Pursuant to 605.02 filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a filed.	.m. on the earlier of: (b) The 90th day after th
d November, 72' 2020.	
Signature of a member or authorized representa	
Mana Koula Courley Typed or printed name of signs	