121000171305

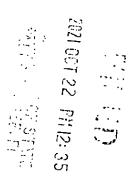
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A. BUTLER NOV 0 3 2021

COVER LETTER

	sion of Cor				
SUBJECT:	KUDO INT	'L LLC			
SUBJECT.		Name of Lim	ited Liability Company		_
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	_		
		CESAR GAFARO			
			Name of Person	·	
		KUDO INTL LLC			
			Firm/Company		_
		901 NW 141 AVE			
		- ··-	Address		
		PEMBROKE PINES FL.3	3028		
			City/State and Zip Code		
		cgafaro7777@hotmail.com			_
r car	<i>c</i>		to be used for future annual	report notification)	
		oncerning this matter, please ca			
CESAR GAF		· · · · · · · · · · · · · · · · · · ·	786 217 at ()	/8178 	
	Name o	f Person	Area Code	Daytime Telephone Num	ber
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclosed)
	ling Addres		Street Ad Registra	Idress: ation Section	
-	•	Corporations	Division	n of Corporations	
P.O	Box 632	27	The Cer	ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021 OCT 22 PH 12: 35

(Name of the Limited he Articles of Organization for this Limited lorida document number 121000171305	aited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.) OF STATE
he Articles of Organization for this Limited	Liability Company were filed on Al	PRIL 13 2021 and assigned
orida document number 1.21000171305		
orida document number	 -	
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company h	ere:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	TET ADDRESS)	
The special control of		
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
		
. If amending the registered agent and/or gent and/or the new registered office addr	•	records, enter the name of the new regist
gent and/or the new registered office addi	tss here.	
Name of New Projectored Agents	CESAR GAFARO	
Name of New Registered Agent:		
New Registered Office Address:	901 NW 141 AVE APT#112	
- -	Enter Flo	rida street address
	PEMBROKE PINES	, Florida 33028

New Registered Agent's Signature, if changing Registered Agent:

KUDO INTL LLC.

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	CESAR A GAFARO SR	901 NW 141 AVE APT #112	
		PEMBROKE PINES FL 33028	Remove
			□Change
MGR	CESAR A GAFARO	901 NW 141 AVE APT # 112	g ÖAdd
		PEMBROKE PINES FL 33028	□ Remove
			□Change
			□ Remove
	}		
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		.	□Add
			□Remove
			□ Change

Remove SR from my name, sho	ould only read CESAR A	GAFARO		
		_		
				
			_ 	
	<u> </u>			
		·		
		-		
ctive date, if other than the da	ate of filing:		(optional)	
effective date is listed, the date must be	e specific and cannot be prior	to date of filing or more	than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block iment's effective date on the Department.			equirements, this date	will not be usied
ord specifies a delayed effective d	ate, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after t
filed.		-,	/	
OCTOBER 13 Signature	2021			
ed	,	-·/ /. /	/	
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