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COVER LETTER

Division of Co	rporations		
SUBJECT:	KIN	TALU LLC	•
30 11315 (.1.	. Name of Lin	nited Liability Company	
The Laborator of			
i ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE ENRIQUE ORTIZ	MURILLO	
		Name of Person	
	KINTALU LLC		
		Firm/Company	
	13901 SW 91ST TERRAC	CE BUILDING 24 APTO 13901	
		Address	
	MIAMI/FLORIDA 33186		
		City/State and Zip Code	
	josenriqueortizm@gmail.co		
		to be used for future annual report not	rification)
For further information c	oncerning this matter, please o	all:	
JOSE ENRIQUE ORTIZ	MURILLO	+1-647 637-8214	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KINTALU LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 23, 2021 Florida document number L21000335794 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 designation "LLC" or the abbreviation "LLC," 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: JOSE ENRIQUE ORTIZ MURILLO Name of New Registered Agent: 13901 SW 91ST TERRACE BUILDING 24, APTO 13901 New Registered Office Address: Enter Florida street address

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 60.3. 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.

City

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

, **Florida** 33186

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
			□Add
			🗆 Change
			🖸 Add
			□Remove
		 	□Change
			🖸 Add
			Remove
			□Change
			DAdd
			□Remove
			[] Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			[]Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe ote: l	ce date, if other than the date of filing:
ecord is file	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 d.
ated _	May 3 2022
	Equility .
	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00