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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

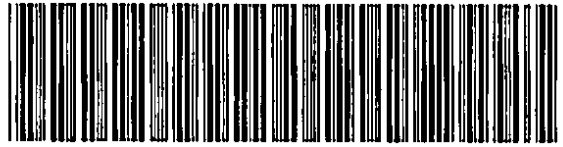
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2021 NOV 24 PM 3:50
SECRETARY OF STATE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Kinnox International 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:

Elias Correa Menendez

Name of Person

Trembly Law Firm, P.L.

Firm/Company

9700 S. Dixie Highway, Penthouse 1100

Address

Miami, Florida 33156

City/State and Zip Code

Elias@tremblylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elias Correa Menendez

305 431-5678
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED

2021 NOV 24 PM 3:50

Kinnox International LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/15/2021 and assigned
Florida document number 1.21000451346.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7900 Oak Lane

Suite 425

Miami Lakes, Florida 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7900 Oak Lane

Suite 425

Miami Lakes, Florida 33016

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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 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>	<u>Type of Action</u>
MGR	Rolando Diaz	7541 NW 176 TER	<input checked="" type="checkbox"/> Add
		Hialeah, Florida 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rolando Diaz	7541 NW 176 TER	<input type="checkbox"/> Add
		HIALEAH, FLORIDA 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Escobar	Calle 27, No. 2 Esquina KM 18	<input type="checkbox"/> Add
		Santo Domingo, 10805 DR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juan Pablo Escobar	Calle 27, No. 2 Esquina KM 18	<input type="checkbox"/> Add
		Santo Domingo, 10805 DR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

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Daniel Escobar

Filing Fee: \$25.00