L22 000 011499

(Requestor's Name)
(Address)
(Address)
(1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cadified Coning Cadificates of Clabus
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
[

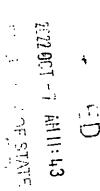
Office Use Only

A. RIVERS
DEC 2 7 2022



700395307727

10/07/22--010:1--029 **25.00



COVER LETTER

TO:

TO: Registration Se Division of Cor			·
KIIRO GR			
SUBJECT:		ited Liability Company	·
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: Ariana Torres Name of Person Kiiro Group LLC Firm/Company 1750 NW 107 AVE. #6 Address Sweetwater, FL 33172 City/State and Zip Code infokiiro11@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ariana Torres 917 8322302			
Please return all correspo	ondence concerning this matter	to the following:	
	Ariana Torres		
		Name of Person	
	Kiiro Group LLC		
		Firm/Company	
	1750 NW 107 AVE, #6		
		Address	
	Sweetwater, FL 33172		and Zip Code future annual report notification)
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please c	all:	
Ariana Torres			
Name o	f Person		e 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIIRO GROUP LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	·
The Articles of Organization for this Limited Liability Comp. Storida document number L22000011499	any were filed on 01/04/2022	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I.	ciability Company," the designation "LLC" or ti	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		- (*,3
If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>enter the r</u>	name of the new regist
		· i
Name of New Registered Agent:		
New Registered Office Address:		AMIN: 43
	Enter Florida street address	13 -
	, Florida	E ω
	City	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>	Address	Type of Action
AMBR	UTRERA, CLAUDIA	8450 NW 102 AVE UNIT 452	
		DORAL, FL 33178	■Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			🗆 Remove
	 		□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐Change
			□Add
			Remove
			Change

			
			<u></u>
	•		
			
g:	et d oo	(optional)	
id cannot be prior to date of meet the applicable state	ning or more than 90 itory filing requirem	ents, this date will not	t to 605.020 be listed a
State's records.			
t an effective time, at 12	:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
2022			
· ————————————————————————————————————	1		
(b4/			
member or authorized rep	resentative of a member	er	•
/			
0	ng:	ng:	ng: