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SECRETARY OF STATE
TOTAL OF CORROBINATION:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:KIK	IS PLACE MIAMI, LLC
	Name of Limited Liability Company
The enclosed Articles of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	JORGE DE PINA
	Name of Person
	MER INVESTMENTS, LLC Firm/Company
	Firm/Company
	8975 SW 75 ST Address
	Address
	MIAMI FL 33173 City/State and Zip Code
	City/State and Zip Code
70	E-mail address: (to be used for future annual report notification)
For further information concerning this	
JORGT DE PIN	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following a	mount:
, ,	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIKI:		10111111	
(Name of the Limited	Liability Company as it Florida Limited Liability	now appears on our rec Company)	ords.
The Articles of Organization for this Limited Lial	oility Company were t		
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of t</u>	he limited liability co	ompany here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Con	npany," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	de:		. <u></u>
(Principal office address MUST BE A STREET	ADDRESS)		
		···	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u> </u>		<u></u> .
		 	_
B. If amending the registered agent and/or reg	istered office addres	s on our records, <u>en</u>	ter the name of the new regis
agent and/or the new registered affice address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street add	dress
			Florida
	Ci	<i>D</i> ,	Zip Code
New Registered Agent's Signature, If changing Re	gistered Agent:		
hereby accept the appointment us registered provisions of all statutes relative to the proper accept the obligations of my position as registreing filed to merely reflect a change in the recompany has been notified in writing of this change in the change	and complete perfor ered agent as provid gistered office addre	rmance of my duties, ed for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document (
	If Changing R	egistered Agent, <u>Signatu</u>	re of New Registered Agent

If amending Authorized Person(s or removed from our records:		s) authorized to manage, enter the title, name, and address of each person being added		
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>	Add	ress	Type of Action
MERM	GAllAghe	r Holpings uc	8975 SW 755T	□Add
			MIAMI, FL 33173	Remove
				□Change
MORM	MER Inves	TMENTS, LLC	8975 SW 75 ST	Add
			MIAMI, FL 33173	Remove
				□Change
				□Add
				□Remove
				□Change
				🗆 Add
				□Remove
				Change
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				□Remove
				Change
				□Add
				□Remove
				Change

D. If ame	nding any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ective date is listed, the date m If the date inserted in this b	e date of filing:
If the record record is file		ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	10/4	
		Signature of a member of subhorized representative of a member
		Typed or printed name of signee

Filing Fee: \$25.00