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S. FRANKLIN JUL 17 2023

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Kinich - Ahan U	C
SUBJECT: Kinich - Ahau U Name of Limite	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
<u> Sergio</u> C	Name of Person
_ Kinic	Firm/Company
32475 No	Address
Wesley	City/State and Zip Code  D3SSB 9 in 3 i Com  be used for future annual report notification)
E-mail address: (to	be used for luture annual report notification)
For further information concerning this matter, please cal	l:
Sergio Clopez Chovero Name of Person	at (815) 810 3624  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\times \text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60,00 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o	ur records.)	
(A Florida Limited L	Diability Company)		
The Articles of Organization for this Limited Liability Company	were filed on4/	ESOS/05	_ and assigned
Florida document number <u>LZ3000 196997</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company, the designal		
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	7073
(Principal office address MUST BE A STREET ADDRESS)			J
			<u> </u>
		•	P 述
Enter new mailing address, if applicable:			<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		19 K	72
D. If amonding the projectional agent and/or registered affice of	adduses	<b></b>	· 64b · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	idaress on our record	s, enter the name o	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
		#31 + B	
<del></del>	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			•
I hereby accept the appointment as registered agent and agree		its: I furthar acrea	e to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapte	uties, and I am fan er 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

f amending any other information, enter change(s) her	e: (Attach additional she	eets, if necessary.)	
I hereby modify the busin	es structur	e of this	COMPERM
from Single-member U			
The new Dartner of this			_
Cristina Arcusa, and the	,		
	- NOW BALAC	tole of c	<u> </u>
will be as follows:		<u> </u>	
Sorgio C Lopez Chaver	50%		<del>_</del>
Cristina Arcusa	501.		
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			2073 HA
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	<del>,</del>		<u> </u>
		7.7 7	
fective date, if other than the date of filing:	r to date of filing or more than cable statutory filing requir		
record specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the e	earlier of: (b) The 9	Oth day after the
ated 5, 15 <sup>-11</sup> . <u>2023</u>			
	(s !J\		
Signature of a member or auth	orized representative of a me	mber	<del></del>
Signature of a member or auth		mber	