L23000244556

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2023 MAY 31 AM 10: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

TO:	Registration Se Division of Cor					
ermiez	Kawaii Sec	ret LLC				
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Beatriz Barreto Vollbracht				
			Name of Person			
		Kawaii Secret				
			Firm/Company			
		8232 SW 103rd ave				
		· · · · · · · · · · · · · · · · · · ·	Address			
		Miami, Fl 33173				
			City/State and Zip Code			
		bbvollbracht@gmail.com	to be used for future annual report no	**************************************		
For furth	er information c	oncerning this matter, please c		uncation)		
Beatriz l	Barreto Vollbrac	hı	786 642-4243			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed	d 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)		
	Mailing Address Registration S		Street Address: Registration S	ection		
Division of Corporations		Division of Corporations				
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kawaii Secret LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were florida document number $\frac{L23000244556}{L}$.	Tiled on 05/18/2023 and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	2023 ALL
Principal office address MUST BE A STREET ADDRESS)	HAY 3
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	TOF STATE PLOPIDA
3. If amending the registered agent and/or registered office addres	ss on our records, <u>enter the name of the new registe</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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>	Address	Type of Action
MGR	Marco Antonio Marin	8232 SW 103rd Ave	≡ Add
		Miami, Fl 33173	□Remove
			□Change
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ective date, if other than the (late of filing:	(option	al)	
effective date is listed, the date must te: If the date inserted in this blo	late of filing:	filing or more than 90 days after fil	ing.) Pursuant to	605,0201 listed as
rument's effective date on the De	partment of State's records.	and the second s		insteed to
cord specifies a delayed effective s filed.	date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day a	ifter the
ed May, 22nd	2023			
- a k				
T-4 M/K II /				
BARIV.	ignature of a member or authorized repr	ecentutive of a member		•