

1/19/24, 12:45 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

((1124000026648 3))

Not: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document

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To:

Division of Corporations  
Fax Number : (850)517-6383

From:

Account Name : YOUR DREAM SERVICES CORP.  
Account Number : 120200000127  
Phone : (786)660-0100  
Fax Number : (786)364-1047

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: INFO@YCDREAMS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KABUSKISOBA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

RECEIVED  
2024 JAN 24 PM 12:00  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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2024 JAN 24 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

((1124000026648 3))

T. LEMIEUX  
JAN 25 2024

**COVER LETTER**

TO: Registration Section  
Division of Corporations

(((H24000026648 3)))

SUBJECT: KABUSKISOBA 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:

Victor Hugo Rodriguez Pozo

\_\_\_\_\_  
Name of Person

*Victor H. Rodriguez Pozo*

\_\_\_\_\_  
Firm/Company

1179 Sw 123rd Ave

\_\_\_\_\_  
Address

Hollywood, Florida 33025

\_\_\_\_\_  
City/State and Zip Code

Info@kabukisoba.com

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

For further information concerning this matter, please call:

Victor Rodriguez

754

252-6291

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

(((H24000026648 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240000026648 3)))

KABUSKISOBA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/05/2024 and assigned  
Florida document number L24000008039.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KABUSKISOBA LLC

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:

NONE APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NONE APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

**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:

NONE APPLICABLE

New Registered Office Address:

NONE APPLICABLE

Enter Florida street address

NONE APPLICABLE

Florida

City

**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

(((H240000026648 3)))



$$(((1124000026648.3)))$$

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated JANUARY 19 \_\_\_\_\_, 2024

Victor Hugo Rodriguez Pozo  
Signature of a member or authorized representative of

Signature of \_\_\_\_\_ a member or authorized representative of a member

Victor Hugo Rodríguez Pozo

Typed or printed name of signee

((H24000)26(48 3)))

**Filing Fee: \$25.00**