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## **COVER LETTER**

TO: Registration On blom of (	a Section Corporations		
KIRUN	A HOLDINOS LLC		
SUBJECT:	Name of Lux	ited Liability Company	
The enclosed Articles	of Amendment and Re(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	DANIEL ROJAS		
		Name of Person	
	KIRUNA HOLDINOS LLA	c	
		Firm/Company	
	5600 COLLINS AVE. UNI	TT 8P	
		Address	<del></del>
	NOANO BEACH, FL, 3314	0	
		City/State and Zip Code	<del></del>
	DROJAS@GDROPAT.CO		antion)
	E-mail address: (I	to be used for future annual report notific	2411041)
For further information	concerning this matter, please ca	dl:	
DANIEL ROJAS		917 5360212 at ( )	
Name	of Person		Telephone Number
Enclosed is a check for (	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is cardood)	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 Liab) (A Florid	lity Company as It now appears on our records.) de Limited Liability Company)	
The Articles of Organization for this Limited Liability ( Florida document number L24000249024	Company were filed on MAY 31ST 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	5 5
		<b>1 1 1 1</b>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new re
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
<del></del>	City	Zip Code

## ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) as	MALINEA to menered suits, the menual management
or removed from our records:	

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DANIEL ROJAS	5600 COLLINS AVE, MIAMI BEACH, 33140, FL	□Add
			ERemove
			Change
			□Remove
			Change
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Tective date, if other than effective date is listed, the o	date must be specific at	nd cannot be prior	o date of filing or m	ore than 90 days after	filing.) Pursuant to 605.02
ote: If the date inserted in cument's effective date or	i this block does not in the Department of	State's records.	DIE SIZUMOTY LUIH	s requirements, unis	date will hot be listed
ecord specifies a delayed o	effective date, but m	ot an effective ti	ne, at 12:01 a.m.	on the earlier of: (b	The 90th day after t
is fil <b>ed</b> .					
JUNE 26TH		2024	$\cap$		
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	Denin	n D11.5	rized representative		