12/20/24, 9 38 AM Division of Corporations

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From:

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Fax Number : (323)389-0502

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SOBJEC	· · ·	Name of Limi	ted Liability Company	
The enel-	osed Articles of	Amendment and feets) are sub-	nitted for filing.	
Please re	turn all correspo	indence concerning this matter t	to the following:	
		Mike Town		
			Name of Person	
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□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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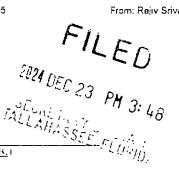
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



KIWHINE LLC (Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company) and assigned Florida document number 1.24000501409 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Lumited Liability Company," the designation "LLC" or the abbreviation "LLC." 382 NE 191st St. # 720274 Enter new principal offices address, if applicable: Miami, FL 33179 (Principal office address MUST BE A STREET ADDRESS) 382 NE 191st St. # 720274 Enter new mailing address, if applicable: Miami, FL 33179 (Mailing address MAY BE A POST OFFICE BON) 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: New Registered Office Address: Enter Florida street address Cir.

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

To	Page 05 of 16	2024-12-20 15 32 49 PST	13236068205	From: Rajiv Srivasta

	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and address of ea</u>	ach person-being added
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<u>Title</u>	<u>Name</u>	Address TALLASTON	δ Type of Action
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		382 NE 1918i St. # 720274 Miami, FL 33179	■ Change
			
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•	 Page 06 of 16 	2024-12-20 15:32 49 PST	13236068205	From: Rajiv Srive
D. If ar	nending any other informat	ion, enter change(s) here: //Attach/a	dditional sheets, if necessary.)	
				
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E. Effe	ctive date, if other than the c	late of filing:	(optional)	
(If an)	effective date is listed, the date must	be specific and cannot be prior to date of film, ck does not meet the applicable statutory	g of more than 90 days after filing.) P c filing requirements, this date wi	ursuant to 605,0207 (3)(b) — If not be listed as the
	ment's effective date on the Dep		ming requirements, this date wi	is the treatment the
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	12/20/2024			
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	/S/ Jose Antonio I	Ramirez Pastor		
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	Jose Antonio Ramirez P	antoi		
	your among manner i	Typed or printed name of sign		

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