

L69000111059

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(Document Number)

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TALLAHASSEE, FLORIDA  
2014 JUN 16 PM 12:56

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EL KANTAOUI INVEST, 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:

**Eric J. Grabois**

Name of Person

**Eric J. Grabois, P.L.**

Firm/Company

**407 Lincoln Rd., Ste 9-D**

Address

**Miami Beach, FL 33139**

City/State and Zip Code

**eric@graboislaw.com**

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

For further information concerning this matter, please call:

**Eric J. Grabois**

Name of Person

at **(305) 891-2029**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

El Kantaoui Invest, 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 November 18, 2009 and assigned Florida document number L09000111059.

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 end with the words "Limited 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 ADDRESS)**

170 SE 14th Street  
Ste. 1002  
Miami, FL 33131

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

170 SE 14th Street  
Ste. 1002  
Miami, FL 33131

**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: Pascal Nicolai

New Registered Office Address: 170 SE 14th Street, Ste. 1002  
Enter Florida street address

Miami, Florida 33131  
City Zip Code

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Yohan Jaieb	555 NE 15th Street	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Miami, FL 33132	
MGRM	Samir Jaieb	555 NE 15th Street	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Miami, FL 33132	
MGR	Yohan Jaieb	170 SE 14th Street	<input checked="" type="checkbox"/> Add
		Suite 1002	<input type="checkbox"/> Remove
		Miami, FL 33132	
MGR	Pascal Nicolai	170 SE 14th Street	<input checked="" type="checkbox"/> Add
		Suite 1002	<input type="checkbox"/> Remove
		Miami, FL 33132	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 CALL CENTER UNIT

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

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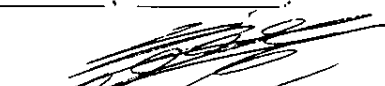
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 9 2014

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

**Yohan Jaieb, Manager**

\_\_\_\_\_  
Typed or printed name of signer

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA