111000097898

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2017

ALPER BEHAR 11134 HIGHLAN CIR BOCA RATON, FL 33428

SUBJECT: EQUINOKS, LLC Ref. Number: L11000097898

We have received your document for EQUINOKS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 117A00008136

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SELIN AND ELLINORDA

COVER LETTER

Division of C			
_	KS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analoged Amiology	of Amondment and fac(a) are subs	mitted for filing	
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the lonowing:	
	ALPER BEHAR		
	***************************************	Name of Person	, , , , , , , , , , , , , , , , , , ,
	EQUINOKS		
		Firm/Company	
	9858 CLINT MOORE RE	UNIT C-133	
		Address	
	BOCA RATON, FL 33496	į.	
	ALPERBEHAR@GMAIL	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
ALPER BEHAR		561 510-1442	
Name	of Person	at (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)
	LING ADDRESS: stration Section	STREET/COURL Registration Sectio	
Dist	ion of Compantions	Division of Comon	otions

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUINOKS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears ол our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		and assigned The designation "LLC" or the abbreviation "L.L.C." BAYSHORE BLVD. SUITE 100 LUCIE, FL 34984 So on our records, enter the name of the new
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1680 SW BAYSHORE BLVD. SUITE 10	00
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUCIE, FL 34984	
Enter new mailing address, if applicable:		25.5
(Mailing address MAY BE A POST OFFICE BOX)		62
B. If amending the registered agent and/or registered of		he name of the ne
registered agent and/or the new registered office address here	e:	22 cm
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
		<u></u>	☐ Remove
			Change
			_ □ Add
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· · · · · · · · ·			Add
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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more the effective date inserted in this block does not meet the applicable statutory filing req	an 90 days after filing.) Pursuant to 60 uirements, this date will not be list	5.020 ted a
cument's effective date on the Department of State's records.	•	
record specifies a delayed effective date, but not an effective time	at 12:01 a m on the earli	er (
	, at 12.01 a.m. on the cam	
he 90th day after the record is filed.		
The 90th day after the record is filed. $\frac{A}{A} = \frac{A}{A} = \frac{A}$		
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Page 3 of 3

Filing Fee: \$25.00