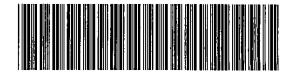
## LIIOOOIZTESI

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	
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NOV 0 8 2016 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Cor			
	ROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub		
Please return all correspo	endence concerning this matter	to the following:	
	Monica Gonzalez		
	<del> </del>	Name of Person	·
	Konak Group LLC		
	-	Firm/Company	
	601 NE 36th street, #2404		NO PROPERTY.
	· · · · · · · · · · · · · · · · · · ·	Address	
	Miami, Florida 33137		PH.
	yre13@aol.com	City/State and Zip Code	SECRETARY OF STATE ALLAHASSEF, FLORIDA
		to be used for future annual report n	
For further information c	oncerning this matter, please c	all:	
Monica Gonzalez		646 732-6270	
Name o	f Person	at () Area Code Day	ime Telephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section 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

KONAK GROUP LLC		
(Name of the Limi	ted Liability Company as it now at (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited L	iability Company were filed or	n and assigned
Florida document number L11000127231	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	<u>ny here</u> :
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	ALL ALL
		5 至
		1 577
Enter new mailing address, if applicable:		THOUSE THE PROPERTY OF THE PRO
(Mailing address MAY BE A POST OFFICE	BOX)	Z Z Z
		<u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>
B. If amending the registered agent and registered agent and/or the new registered of	_	s on our records, enter the name of the new
Name of New Registered Agent:	MONICA GONZALEZ	
New Registered Office Address:	601 NE 36th Street, #2404	
	Ente	r Florida street address
	Miami	, Florida 33137
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MONICA GONZALEZ	601 NE 36th Street, #2404	<b>⊟</b> Add
		Miami, Fl 33137	□ Remove
			☐ Change
			Add
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			☐ Change
			□ Add
			SECRETAL REPORT OF THE PROPERTY OF THE PROPERT
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			☐ Remove
			☐ Change

Effective date, if other than the date of filing:  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 605.02071.  Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  November 1  2016  Signature of a member or authorized representative of a member  Luz Skonberg		
Effective date, if other than the date of filing:    1/1/2016   (optional)	•	
Effective date, if other than the date of filing:    1/1/2016   (optional)		
Effective date, if other than the date of filing:    1/1/2016   (optional)		
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Effective date, if other than the date of filing:  (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.  Dated November 1 , 2016  Signature of a member or authorized representative of a member		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	Dated November 1 2016	
	Signature of a member or authoriz	ery d representative of a member

Page 3 of 3

Filing Fee: \$25.00