

L14 000-17000082540

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000215616 3)))



H150002156163ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SIEGELAUB, ROSENBERG, GOLDING & FELLER, P.A.
Account Number : I19990000058
Phone : (954) 753-2222
Fax Number : (954) 753-1123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: andrea@siegelauib.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KEPT FUNDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 SEP -8 AM 10:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 SEP -8 AM 9:11
11:00

Electronic Filing Menu

Corporate Filing Menu

L14000182540

Help SEP 09 2015

J SHIVERS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kept Funds 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 11/25/2014 and assigned Florida document number 614000182540

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 "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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Florida

City

15 SEP - 8 AM 9:16
MILWAUKEE, WI
COUNTY CLERK
STATE OF WISCONSIN

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Roe Keren-Tzur	10615 NW 12 th Ct	<input type="checkbox"/> Add
		Plantation, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Keren-Tzur Family Trust	151 N. Nob Hill Rd	<input checked="" type="checkbox"/> Add
		Ste. 2100	<input type="checkbox"/> Remove
		Plantation, FL 33324	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED
 SEP 11 9:11 AM '15
 NEW YORK COUNTY CLERK
 OFFICE OF THE COUNTY CLERK
 100 NASSAU ST., 16TH FL.
 NEW YORK, NY 10038

E. Effective date, if other than the date of filing: _____ **(optional)**
 (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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (a) The date specified.
 (b) The 90th day after the record is filed.

Dated 09/02/2015 _____

 Signature of a member or authorized representative of a member
Roe Keren-Tzur, Keren-Tzur Family Trust
 Typed or printed name of signer