# 11600159737

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
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# **COVER LETTER**

	egistration Sect ivision of Corpo			
SUBJECT	`i	THE R	ED LLC	<del></del>
The enclos	ed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please retu	rn all correspond	lence concerning this matter t	to the following:	
			MALCELO LEVY	
			HE BED LLC Firm/Company	
		5833 Co	ed way	
		<u> </u>	Addres   S   S   S   S   S   S   S   S   S	
		E-mail address: (1	City/State and Zip Code  1964 D VAHOO. COl o be used for future annual report noti	M
For further	information con	cerning this matter, please ca	11:	
	MALCE Name of P	elo Levy		3084 c Telephone Number
Enclosed is	s a check for the	following amount:		:
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fitting 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KE	DILC	
( <u>Name of the Limited</u> (A	Liability Company as it now appears on of Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number		3/25/16 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Be	<u> </u>	
	<del></del>	66
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:	<u> </u>	35 K 1/2
New Registered Office Address:		\$ <b>8</b>
•	Enter Florida str	eet address
	City	, Florida Zip Code
	Cuy	Zip Coae

## 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Paglo Telias	5833 CORN WAY MININ Fl 3	<u>} ∫</u>
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of fi  [ote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.02
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
ated DECEMBER 7, 2016. March 10.	. Its
Signature of a member or authorized repre-	seriative of a member
Brazilla a. a managil a. andioliza lebic	

Page 3 of 3

Filing Fee: \$25.00