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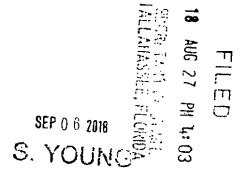
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Randoll HOLDINGS LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	<u> </u>
Please return all correspondence concerning this matter to the following:	7/1/4 7/1/4 908
Michael U. Tobin Esq.  Name of Person  Tobin + Assuciates p. A	AUG 27 FN 4: 03
Firm/Company  10800 BISCAUNE BIVE 700  Address	
City/State and Zip Code  Mtobin Wtobin 10W4000 COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael J. Tohin at (305) 895 3225  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy

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

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our recorted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	AUS 27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
		FloridaZip Code
= <del></del>	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>	<u>Name</u>	Address	Type of Action
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(If an effec Note: - It	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	AT A C C C C C C C C C C C C C C C C C C
Dated _	Mugust 23, 2018.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00