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	Fax Number : (850)617-6363
From:	
	Account Name : ALVAREZ, SUAZO & ASSOCIATES
	Account Number : 120130000076
	Phone t (305)388-7028
	Fax Number : (305)479-2705
	he email address for this business entity to be used for fu

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 20 KOTKIN ENTERPRISES, LLC ö 꽃 Certificate of Status 0 . Certified Copy 0 က Page Count 03 2216 HAY Estimated Charge \$25.00 . 1'1 MAY 1 6 2016

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOTKIN ENTERPRISES, 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 07/17/2006 and assigned Florida document number 106000071240

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.I.	.C."
Enter new principal offices address, if applicable:	N/A		TAL SE
(Principal office address MUST BE A STREET ADDRESS			
		~~ 	22-
		ເມ 	SEAC
Enter new mailing address, if applicable:	N/A	AH	
(Mailing address MAY BE & POST OFFICE BOX)		1 20	
		2	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	N/A	·····
New Registered Office Address:	Enter Florida street	address
	City	_, Florida 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.

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If Changing Registered Agent, Signature of New Registered Agent

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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
MGR	DAVID G. KOTKIN	14831 SW 149TH STREET	Add
		MIAMI, FL 33196	Remove
			Change
AMBR	DAVID KOTKIN	14831 SW 149TH STREET	I Add
		MIAMI, FL 33196	C Remove
AMBR	MELISSA KOTKIN	14831 SW 149TH STREET	AHAS
		МІАМІ, FL 33196	
			🖸 Add
			C Remove
			Change
			D Add
			D Remove
			Change
			D6A 🗆
			CRCmove
			Change



• .

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

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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) <u>Note:</u> 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: (b) The 90th day after the record is filed.

Dated _____

ignature of a member or authorized representative of a member

DAVID KOTKIN

Typed or printed name of signce

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