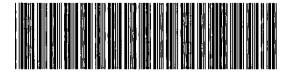
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER FEB-4 2016

COVER LETTER

Division of Cor	porations		
CHETTA KED COM	VE HOLDINGS, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wendy Melamed		
		Name of Person	
	Executive Holdings, LLC		
		Firm/Company	
	7751 NW 146th Street		
		Address	
	Miami Lakes, FL 33016		
		City/State and Zip Code	
	wendym@kcsbonline.com	to be used for future annual report notific	
For further information of	concerning this matter, please ca	•	cauon)
Wendy Melamed		· 305 558-6655	
Name o	f Person	at (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)

MAILING ADDRESS:

TO:

Registration Section

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

ZOIGFEB-2 PM 4: 12

JALLAHASSEE FLORID,

EXECUTIVE HOLDINGS, 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 I Florida document number L06000119621	Liability Comp	any were filed on December 15, 2006	and assigned
	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the fol	lowing:		
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 L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the new
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:	<u>.,, ., ., ., ., .</u>		
		Enter Florida street address	
		, Florida	
		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
MGR	Howard L. Gatch	7751 NW 146th Street	
		Miami Lakes, FL 33016	Remove
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		 	☐ Remove
			Change
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			☐ Remove
			□ Change

N/A	
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	To The Table
	<u> </u>

ctive date, if other than the date of filing:	(optional)
: If the date inserted in this block does not meet the applicable s	statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an ine 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
d February 1 2016	
1 may	
Signature of a mesuber or authorized	representative of a member

Page 3 of 3

Filing Fee: \$25.00