# 109000084956

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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(Do	cument Number)	
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2015 DEC -3 AM II: 50
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K.SALY EXAMINER DEC - 4 2015

# **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT:ANTII	K INTERACTIVE L.L.C.	
Subject.	Name of Limited Liability Company	
The enclosed Articles of Ame	nendment and fee(s) are submitted for filing.	
Please return all corresponder	ence concerning this matter to the following:	
	OLIVER HAROUN	
-	Name of Person	
	ANTIK INTERACTIVE L.L.C.	
-	Firm/Company	
	11893 NW 30th Ct	
-	Address	
	CORAL SPRINGS, FL 33065	
-	City/State and Zip Code	
_	onefasteuro@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
OLIVER H	TARDUN at (954) 789 6169 Area Code Daytime Telephone Number	_
Enclosed is a check for the fo	ollowing amount:	
□ \$25.00 Filing Fee 5	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status & y

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

# TO ARTICLES OF ORGANIZATION OF

F	MED
2015 DEC	-50
ALIANE MASS	TOP S
THASS.	SEPF SIX

ANTIK INTERACTIVE I	L.L.C.	123/	ME AM 11:50
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	TASSEE OF STAIL
The Articles of Organization for this Limited Li Florida document numberL09000084956	ability Company were filed on $0$	9/02/2009	AM//: 50
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		<del></del>
(Principal office address MUST BE A STREE	T ADDRESS)		
	····		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		our records, enter	the name of the nev
Name of New Registered Agent:	Joi Cohen-Haroun		
New Registered Office Address:	11893 NW 30th Ct		
		ida street address	22065
	Coral Springs	, Florida _	33065
	Cin		7in Cada

## 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 Rogistered Agent, Signature of New Registered Agent

Page 1 of 3

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOI COHEN-HAROUN	11893 NW 30th Ct,	<b>™</b> Add
		Coral Springs, FL 33065	Remove
			□ Change
			Add
			Remave Change
		Remove of	
			Change
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Effect	ive date, if other than the date of filing: (optional)
(If an eff	fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	nent's effective date on the Department of State's records.
+ha =a	and analising a delayed affective data but not an affective time at 17.01 a.m. on the earlier of
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	2610
Dated	NOVEMBER 29, 2015.
	Signature of a member or authorized representative of a member
	OLIVER HAROUN
	Typed or printed name of signee

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Filing Fee: \$25.00