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(Red	questor's Name)	
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**	(COVER LETTER	y 4 P
TO: Registration S Division of Co			•
SUBJECT: F	Name of Limit	tment Fun LL	C
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Januthan	Honig	
		Name of Person	
		Firm/Company	
	4263	NW 61st Lane	.
	Boca Ra	ton FL 33	3496
	JoN ATIAN E-mail address: (i	City/State and Zip Code NHONIG PAOL . Co to be used for future annual report notifi	
For further information of	concerning this matter, please ca	ail:	
Jonathan	Honig	at (56) 445-	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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:

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

11.1. 1

tour Kid)			LLC		
(Name of the Limited Liah (A Flori	ility Company as ida Limited Liabili	it now appears on on ty Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number <u>LO900122</u>		filed on 12	129120	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>	mited liability	company here:			
The new name must be distinguishable and contain the words "L	imited Liability Co			abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		4263 N	1M 6/22	lane	
(Principal office address MUST BE A STREET ADI	DRESS)	Boca R	aton, FL	3340	16
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4263 Bocg R	NW (15	1 Lune 3349	<u>6</u>
B. If amending the registered agent and/or reg		address on our	records, ente	r the name	of the new
Name of New Registered Agent: New Registered Office Address:	Jonatha, 4263 ca Rato		St Vane reel address , Florida	33 \$4 Zip Code	6

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 **Title Type of Action** Name ☐ Remove ☐ Change Alan S. Honig □ Add ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change ☐ Add ☐ Remove _□ Change

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ffective date, if other than the date of filing an effective date is listed, the date must be specific and ote: If the date inserted in this block does not me	cannot be prior eet the applica	able statutory	or more than 90 filing requirem	(options days after fili ents, this da	ll) ng.) Pursus	ant to 605.0 of be listed
ocument's effective date on the Department of St	ate's records.					
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Page 3 of 3

Filing Fee: \$25.00