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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRICHELI ENTERPRISES LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAZ SHOHAM, EA
(Name of Person)

GILMAN CIOCIA INC
(Firm/Company)

2875 NE 191st ST STE 601
(Address)

AVENTURA, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Paz Shoham at (954) 272-8563
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2011 MAY 31 PM 3:02
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KRICHELI 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 01/12/2011 and assigned
Florida document number L11000004654.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

200 172nd St APT 510

Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 172nd St APT 510

Sunny Isles Beach, FL 33160

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

Name of New Registered Agent:

ANDREY ROSSIN

New Registered Office Address:

200 172nd St APT 510

(Enter Florida street address)

Sunny Isles Beach

Florida 33160

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GOLAN MAIARA	240 WELLESLEY DR LAKE WORTH FL 33460 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANDREY ROSSIN	200 172nd St APT 510 Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BARRY KRICHELI	240 WELLESLEY DR LAKE WORTH FL 33460 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TAMMY GER-KRICHELI	240 WELLESLEY DR LAKE WORTH FL 33460 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE FLORIDA

Dated May 13, 2011

Signature of a member or authorized representative of a member

ANDREY ROSSIN

Typed or printed name of signee