# 1100044345

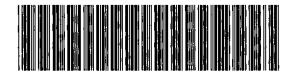
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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G. MCLEOD

OCT 16 2012

EXAMINER



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10/15/12--01046--024 \*\*25.00

12 OCT 15 PH 3: 36

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 13, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	12 12 12 12 12 12 12 12 12 12 12 12 12 1
	2
	ASSET 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	FLORID
	RID 36
Name of New Registered Agent:	
New Registered Office Address: 700 W	O. Hillbono Blvd, Bldg 4, Snite 206 Enter Florida street address
	City Seach, Florida 33441  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.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Michael Shvartsman	3435 NW 112# Street Miami, FL 33167	
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
	Please change Ge	vald Shvartsman's	_
	title from MGR	to MGRM	<del></del>
			_
Dated 0	ctober 12, 201		
	True the	r authorized representative of a member	
		r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Kon Kretno Group LLC  Name of Limited Liability Company
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:
Brian Greenspoon, Esq. Name of Person
Law Offices of Brian N. Greenspoon, P.L.
700 N. Hillsboro Blud., Bldg. 4, Suite 206 Address
Peerfield Beach, Fl 33441  City/State and Zip Code  bnan & lobglaw, com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brun Greenspoon, Esq. at (305) 968-8810 1 (954) 531-182  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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