11000046578 Division of Corporations Florida Department of State

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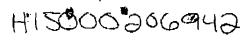
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Las Karishina LLC.
5-5-2	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.

MAX A- ADAMS ESQ.
Name of Person
Law of Res of Max A- Adams, 550 Pele Fint/Company
Fint/Compuny
325 almena avenue
Address
Cora / Gables Fr 33134
Coral Gables & 33134 City/Source and Zip Code angle & the medilantim Can
E-mail address: (to be used for furtic annual report notification)

For further information concerning this matter, please call:

Angela Feret at 305, 444-3484

Name of Person Area Code Dayting Telephone Number

Enclosed is a check for the following amount:

\$25.00 Piling Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55,00 Filing Fee & Certified Copy (additional copy is unclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (nontitional 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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 AUG 27 AM 8: 31

SECRETARY OF STATE FALLAMASSEE, FLORIDA

JAR RANG	2HNG .	LLC.	· ACE # SHOODE, FLORE
(Name of the Limited Liability Compa- (A Florada Limited I.	ny as it now appears.	n aur records.)	
The Articles of Organization for this Limited Liability Company Florida document number 110000 465 78.	were filed on	4-19-11	and assigned
This amendment is submitted to amend the following:			
A. If amending name, cuter the new name of the limited liabi	ility company here	:	
The new name must be distinguishable and contain the words "I limited Liability	ity Company," the desi	greation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17900	500 65	Hes FL. 33331
(Principal office address MUST BE A STREET ADDRESS)	Douthing	st Kana	1145 FL. 3253I
Enter new mailing address, if applicable:	Sam	ie as ac	bore.
(Mailing address MAY BE A POST OFFICE BOX)		··-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		 	
New Registered Office Address:	1"-1. 7"1		
	Enter Florid	street address	
	City	, Florida _	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 compty 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Name 17900 SW 63 - Manos Ado Alfredo Rego ____ Change _□ ∧₫₫ _🛮 Remove ___ D Change _D Add _□ Kemove _ 🛘 Change _D Add □ Remove _ Change __ 🗆 Add □ Remove __ Change _C Add _□ Remove

Page 2 of 3

MGR = Manager

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D. If amending any other in	nformation, enter change(s) here: (A	ittach additional sheets, if necessary.)	
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			AUG 2
Note: If the date inserted in	nan the date of filing; date must be specific and cannot be prior to date in this block does not meet the applicable s	(optional) to of filing or more than 90 days after filing.) Feature of filing requirements, this date w	all not be listed as the
	n the Department of State's records.		8 32 NATE ORIDA
If the record specifies a d (b) The 90th day after to		effective time, at 12:01 a.m. or	n the earlier of:
Dated Angust 2	Signature of a member or authorized	Hem	
	From a Ned - 1 d. Typed of printed man	-	
	Paga 2 at	£2	

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