L11000082494

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300210074943

07/26/11--01018--004 **25.00

FILED

11 JUL 26 AN #: 21

SECNETARY OF STATE
ALLAHASSEE, FI ORIO

D. BRUCE

JUL 27 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section orporations
SUBJECT:	Koretet CCC Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Roger Israel Banchet Nam Person
	G815 Biscaynu Blud STE#103 PMB#101
	Migmi, FC 33/38 City/State and Zip Code
	Cogerismal. sanchet P gmail. (OV) Established E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Roger Iso Name Enclosed is a check for	of Person Area Code & Daytime Telephone Number FLST Area Code & Daytime
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Koretet LC	. C			
Name of the Limited L	iability Company as it now ar lorida Limited Liability Compa	opears on our records.) ny)		
The Articles of Organization for this Limited Lial Florida document number <u>L110000 826</u>		7/18/11	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviatio	
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		D c	
			A S	
Enter new mailing address, if applicable:			- 26 ASSE	
(Mailing address MAY BE A POST OFFICE BO	OX)		## # m	
			CS TO	
B. If amending the registered agent and/or	registered office address	on our records, enter	the name of the nev	
registered agent and/or the new registered office	e address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida _	Zip Code	
	City		sip couc	

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 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>	Name	Address	Type of Action
N	1 <u>GRM</u>	Frank Leva	15516 Biscoyre Bluel Worth Migmi, FL 33160	Add
) 3 / Ç U	Add Remove
				Add Remove
				Add Remove
	*-			Add Remove
				Add Remove
	D. If amending	g any other information, enter change (s Please remove 1		FILED JUL 26 M B 21 LAHASSEE, FINDING
	Dated	Tug is , 201	m on file	- -
			authorized representative of a member	
		i yped or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00