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	gistration Se vision of Coi					
OUBIDOS		lanagement, LLC				
SUBJECT:		Name of Lin	nited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		Alex Kurkin, Esq.				
			Name of Person			
		Kurkin Brandes LLP				
			Firm/Company		್ರ	
		18851 NE 29th Avenue, S	uite 303			aret a
			Address		当の	
		Aventura, FL 33180			20 F	 T]
			City/State and Zip Code		FISH &	مبدا
		akurkin@kb-attorneys.com	to be used for future annual report notific	nation)	#A 5	
For further i	nformation c	oncerning this matter, please c	·	cation)	> > ○	
Stacy Santia			305 929-8503 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Kireland m	Company as it now appears on our		
(Name of the Limited Liability (A Florida I	Company as it now appears on our Limited Liability Company)	recorus.)	
The Articles of Organization for this Limited Liability Co	empany were filed on October 2	1, 2011 and as	signed
Florida document number L11000120740	ar.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "I.	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
		2-43 क	•
		<u> </u>	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		100	П
		22 B	
B. If amending the registered agent and/or registe	ered office address on our r	ecords, enter the name	of the nev
registered agent and/or the new registered office addre		Star S	5
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	1 address	
		, Florida	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Ostrovsky	18851 NE 29th Avenue, Suite 303	DA/Add
		Aventura, FL 33180	□ Remove
			Change
	 		□ Add
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Effective date, if other than the date of filing:			(optiona	n	
f an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the ap	prior to date of oplicable state	filing or more than tory filing requir	90 days after filin	g.) Pursuant to 6	05.0207 (3
document's effective date on the Department of State's reco	ords.		•		
ie record specifies a delayed effective date, but The 90th day after the record is filed.	t not an eff	ective time, a	t 12:01 a.m	. on the ear	lier of:
October 20, 2015	_				
Dated	12	_			
	177				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00