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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP		, MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

Div	ision of Corpo	rations				
SUBJECT: Name of Limited Liability Company						
The enclosed	d Articles of Ar	mendment and fee(s) are subm	itted for filing.			
Please return	all correspond	ence concerning this matter to	the following:			
		Lando Kravetz				
			Name of Person			
	Firm/Company					
	21500 Biscayne Blvd, Suite 700 Address					
		Aventura, FL 33180				
			City/State and Zip Code			
		landokravetz@yahoo.com				
		E-mail address: (to	be used for future annual report notifical	tion)		
For further i	nformation con	cerning this matter, please call	1:			
Lando Krav	etz		917 741-3018 at ()			
	Name of P	erson	at ()	elephone Number		
Enclosed is	a check for the	following amount:				
■ \$25,00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

Kravetz Consulting 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 $\frac{03/07/2012}{1}$ and assigned Florida document number ______12000032760 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 21500 Biscayne Blvd, Suite 700 Enter new principal offices address, if applicable: Aventura, FL 33180 (Principal office address MUST BE A STREET ADDRESS) 21500 Biscayne Blvd, Suite 700 Enter new mailing address, if applicable: Aventura, FL 33180 (Mailing address MAY BE A POST OFFICE BOX) 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: 21500 Biscayne Blvd, Suite 700 New Registered Office Address: Enter Florida street address Aventura Florida 33180 City

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Eliane Kravetz	21200 NE 38th Avenue, 2602	Add
		Aventura, FL 33180	■ Remove
			Change
			Add
			Remove
			☐ Change
		<u></u>	Refflove
			S: Change
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amending any oth	er information, enter c	change(s) here: (Attach additional sh	eets, if necessary.)	
					
					
					
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				AHASS	<u>80</u>
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Note: If the date insert	er than the date of filir i, the date must be specific an ted in this block does not ate on the Department of	nd cannot be prior to d meet the applicable	ate of filing or more than statutory filing requi	(optional) 90 days after figing.) Pur rements, this date will	ent to 605.0207 (3)(1
If the record specifies (b) The 90th day aft			n effective time, a	at 12:01 a.m. on (the earlier of:
Dated November 2nd		2016			
	Signature of a	member or authorize	d representative of a me	mber	
LANDO KI				-	
		Typed or printed n	ame of signee		

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Filing Fee: \$25.00