112000000338

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Statu	us
Special Instructions to	Filing Officer:	

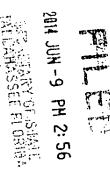
Office Use Only

EFFECTIVE DATE 10415/14



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06/09/14--01014--023 **25.00



JUN 12 2018 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5/KOWITZ 2 LLC (document # L120000 9 2228) 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:
JERWIE SIKOWITZ
Number of Leasting
Firm/Company
15774 LOCH MAREE LANE APT 3806 Address
DELRAY BEACH FL 33445 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
J. JIK WITZ at (51) 827 2624 F
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\text{Solon Filing Fee & Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S/KOWITZ	1 LL		_
(Name of the Limited Liab (A Flori	ility Company as it now appea ida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _	7/17/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	<u>iere</u> :	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	Sport		
(Principal office address MUST BE A STREET ADD	DRESS)		
	, <u> </u>	<u> </u>	-· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		,	
	Ramo		
	<i></i>		
B. If amending the registered agent and/or reg		n our records, enter	the name of the new
registered agent and/or the new registered office ad	dress bere:		
Name of New Registered Agent:			
New Registered Office Address:			图 28
	Enter Flo	orida street address	5/4 2 7/4
		, Florida	夏 皇
	City		Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		温 3 70
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance oj agent as provided for in (red office address, I here	f my duties, and I am fo Chapter 605, F.S. Or,	ee to comply with the amiliar with and in if this document is
	If Changing Registered A	gent, Signature of New Reg	ristered Agent

Page 1 of 3

FFFECTIVE DATE DUSTS/14

Wamending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARK SIKOWITZ		<u>○}</u> ►Add
		HIGHLAND BEACH FL 3348,	Z□ Remove
			<u></u>
			□ Remove
			_
			Remove
			2014 JUN -
			PH SE PERSON
			56 Ribba
			Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	- /
(The e	ctive date, if other than the date of filing:
Date	d
	Jesone Sileunt
	Signature of a member or authorized representative of a member TERAME SIKOWITZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JUN -9 PM 2:5