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2014 JUN - 9 PM 2: 56

J. BRUCE

COVER LETTER

Division of Corporations	^
SUBJECT: 5/kowitz-6/L/C drumint #1/200009224	کر
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JEREME SIKOWITZ Name of Person	
Firm/Company	
15774 LOCH MAREE LANE DELRAY B'	
DELRAY BEACH FL 33446 City/State and Zip Code JERRY SELLS @ amount. Com E-mail address: (to be used for future angual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number	The state of the s
Enclosed is a check for the following amount:	PAGE
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee \Bigcup \Bigcu	j

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

J/KONITZ 6 LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liak	bility company here:	
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of they new registered agent and/or the new registered office address here:		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- perme	
Enter new mailing address if applicable	,	
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Muuutg uuuress MA1 BEA1 051 01 11CE BON		
		22 1 Territor
B. If amending the registered agent and/or registered of	office address on our records,	
registered agent and/or the new registered office address her		· 电电子电
	paral	2: 5 Ophi
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	/	·
	Enter Florida street address	
	, Flor	rida
	City	Lip Coae

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

Page 1 of 3

EFFECTIVE DATE 0415/14

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:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address 0,	Type of Action
MGR	MARK SIKOWITZ	Address 4750 S. OCEAN BLVD # HIGHLAND BEACH FL 3348	2/0/ XAdd
		HIGHLAND BEACH FL 3348	27 □ Remove
			
			Add
			Remove
			Remove
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			JUNE PH
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If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
(The effe	ive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e this document is filed by the Florida Department of State)
Dated	June 1, 2014
	Signature of a member or authorized representative of a member
	TEROME STKOWITZ Typed or printed name of signee

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Filing Fee: \$25.00

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