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K.SALY EXAMINER MAY 30 2014

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: <u>f. D</u>	Name of Limite	d Liability Company	412-L
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	KAMGA	Tool Name of Person	
	<u> </u>	Firm/Company	
	1500 BA	1 RODD #	1442
	MIAM: BEACH	FL 33139 City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notifica	ation)
For further information conc	erning this matter, please call	l:	
JOSE KAI Name of Pe	rson	at (<u>954</u>) <u>249</u> O Area Code Daytime T	elephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 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:

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 ARTICLES OF ORGANIZATION

ТО	FIL
ARTICLES OF OR OF	EGANIZATION Zeu. (LED)
	MAY 20 p.
(Name of the Limited Liability Company (A Florida Limited Liab	ASSEE, FLORING
The Articles of Organization for this Limited Liability Company w	ere filed on 8, 7, 2012 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1500 BAY ROMD # 1442
(Principal office address MUST BE A STREET ADDRESS)	NANI SEACH, FL 33139
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BECKOMBO ERIC	1500 BAY Rd 5340	
		1:41: SEACH, FL 33139	🗷 Remove
ner	NDJOCK KATHLYN	1700 BAY Rd 5340	
		niani 3/EACN FL 33139	⊠ Remove
			☐ Remove
· -			□ Add
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(The effective date must be specific, or the date this document is filed by the	annot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00