

L12000148298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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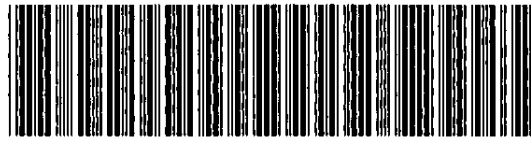
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
DEC 4 2012

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Kotel Finance and Services
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:

Juli Ann Brodsky
Name of Person

Kotel Financial
Firm/Company

175 SW 7th Street, Suite 1100
Address

Miami / FL / 33130
City/State and Zip Code

juli@kotelfinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juli Ann Brodsky at 305, 527-0886
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 11/27/2012 and assigned Florida document number L12000 14829.8

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 end with the words "Limited Liability 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)

175 SW 7th Street, #1100
Miami, FL
33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 SW 7th St, #1100
Miami, FL
33130

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: _____

New Registered Office Address: _____

Enter Florida street address _____

_____, Florida

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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

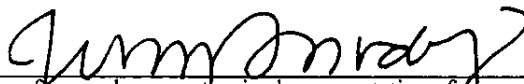
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MS.	Brodsky, Julia A.	3250 NE 1st Avenue #543 Miami, FL 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kasinsky, Roberto	9780 West Suburban Dr. Miami, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brodsky, Julia Ann	3250 NE 1st Avenue #543 Miami, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Briceno, Mariangel OZ	175 SW 7th St. #1100 Miami, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

11/28/12



Signature of a member or authorized representative of a member

Juli Ann Brodsky

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA