

L13 0000 21830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

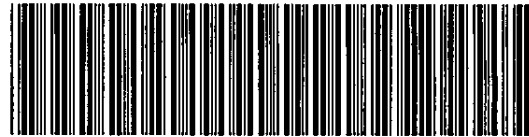
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700259264067

04/28/14--01022--014 \*\*25.00

MAY - 5 2014  
T CLINE

FILED  
2014 APR 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **OR EIN SOF 770 LLC**

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:

**VIVIANA LAVER**

Name of Person

Firm/Company

**13907 SW 279 LN**

Address

**HOMESTEAD, FL 33032**

City/State and Zip Code

**ionikogan@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jonathan Kogan**

Name of Person

at **347 9213438**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 28 PM 2:03

FILED

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

**OR EIN SOF 770 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 02/11/2013 and assigned  
Florida document number L13000021830

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)**

7660 SW 83 COURT

MIAMI, FL 33143

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7660 SW 83 COURT

MIAMI, FL 33143

**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:**

CLAUDIA CZETYRKO

**New Registered Office Address:**

7660 SW 83 COURT

Enter Florida street address

MIAMI


City

Florida 33143

Zip Code

**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 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

AMBR = Authorized Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGRM	LUIS EZEQUIEL KOGAN	13907 SW 279 LN	<input type="checkbox"/> Add
------	---------------------	-----------------	------------------------------

		HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Remove
--	--	---------------------	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

2014 APR 28 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Add  
☐ Remove

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

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

---

---

---

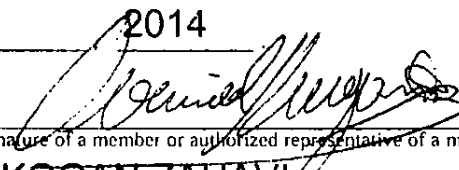
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 16th 2014

  
Signature of a member or authorized representative of a member

ARIEL YOSEF KOGAN ZAHAVI

Typed or printed name of signee

FILED  
2014 APR 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA