L170000 58575

| (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: |
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Office Use Only



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03/17/17--01019--021 **300.00



COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | | | |
|------|--------------------------------------|--|---|--|--|--|--|--|
| CIID | 2013 NAVI | DAD LLC | | | | | | |
| SUB | Name of Limited Liability Company | | | | | | | |
| | | | | | | | | |
| The | enclosed Articles of A | Amendment and fee(s) are subn | nitted for filing. | | | | | |
| Plea | se return all correspor | ndence concerning this matter t | to the following: | | | | | |
| | | Asi Topaz | | | | | | |
| | | | Name of Person | | | | | |
| | | AT Management | | | | | | |
| | | | Firm/Company | | | | | |
| | | 710 S Dixie Hwy #710A | | | | | | |
| | | | Address | | | | | |
| | | Hallandale FL , 33009 | | | | | | |
| | | | City/State and Zip Code | | | | | |
| | | asi@atmanagementfl.com E-mail address: (to | o be used for future annual report notific | ation) | | | | |
| For | further information co | oncerning this matter, please ca | · | · | | | | |
| Asi | Topaz | | 305 467-8209 at () | | | | | |
| | Name of | [†] Person | Area Code Daytime | Telephone Number | | | | |
| Enc | losed is a check for th | e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2013 NAVIDAD LLC | | | |
|---|--|--------------|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) bility Company) | | |
| The Articles of Organization for this Limited Liability Company w | rere filed on and assign | and assigned | |
| Florida document number L13000058575 | | | |
| his amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the abbreviation "L.L.G | C." | |
| Enter new principal offices address, if applicable: | 77 S | | |
| Principal office address MUST BE A STREET ADDRESS) | 7 | | |
| | | <i>:</i> | |
| | SSE NY | ,£1,+,79P | |
| Enter new mailing address, if applicable: | | 11 | |
| Mailing address MAY BE A POST OFFICE BOX) | 51. 7. C | | |
| | <u> </u> | | |
| 3. If amending the registered agent and/or registered office address here: | | the | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | City 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|--------------------------|----------------|
| MGR | KWACS DANIEL | 710 SOUTH DIXIE HWY #710 | |
| | | HALLANDALE ,FL 33009 | ■ Remove |
| | | | |
| MGR | Kwacz Daniel | 710 South Dixie Hwy #710 | Add |
| | | Hallandale FL, 33009 | □ Remove |
| | | | ☐ Change |
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| fective date, if | other than the date | e of filing: | | (ор | tional) | |
| nn effective date is lote: If the date in | isted, the date must be spaceted in this block d | pecific and cannot be ploses not meet the ap | plicable statutory fi | r more than 90 days at lling requirements, t | ter filing.) Pursuant his date will not b | to 605.02 e listed a |
| cument's effective | ve date on the Departs | ment of State's reco | rds. | | | |
| record specif | fies a delayed eff | ective date hut | not an effectiv | e time, at 12:01 | a.m. on the | earlier |
| The 90th day | after the record | is filed. | | () | | |
| 03/07 | | 2017 | WY | | | |
| u | | , | | 1001 | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00