L13000097836

(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:





200286684222

06/09/16--01034--009 **25.00

2016 JUN - 9 P S OU
SECRETARY OF STATE

S Warren JUN 1 0 2016

MARINA BENTATA SKORNICKI, P.A.

21050 Point Place, Unit 701 Aventura, Florida 33180

Marina Bentata Skornicki, Esq./Abogado E-mail mbentatas@gmail.com Telephone: (305) 335-9821 Telefax: (305) 792-9560

June 8, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to the Articles of Organization of Kabait 1006, LLC

Dear Sir/Madam,

Attached please find the following original documents: (a) Cover Letter, and (b) the Amendment to the Articles of Organization of Kabait 1006, LLC duly signed along with this law firm's check in the amount of \$25 representing the filing fee.

Please process accordingly.

Sincerely,

Marina Bentata Skornicki, P.A.

Marina Bentata Skornicki, Esq.

COVER LETTER

TO: Registration S Division of Co			
Kabait 10	06, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	amitted for filing	
	ondence concerning this matter	•	
	Marina Bentata Skornicki	, Esq.	
		Name of Person	
	Marina Bentata Skornicki	PA	
		Firm/Company	
	21050 Point PLace, unit 7	01	
		Address	
	Aventura, Florida 33180		
		City/State and Zip Code	
	mbentatas@gmail.com	to be used for future annual report noti	fication)
or further information	concerning this matter, please c		nounon)
Marina Bentata Skornic	-	305 335-9821	
	of Person	at ()	e Telephone Number
Name	04.1. 91.5011	Aica Code Dayinii	с тегерионе мишвег
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kabait 1006, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou ed Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Comparation for the Liability Comparation document number <u>L13000097836</u> .	ny were filed on $\frac{07/10/20}{}$	and assigned	
This amendment is submitted to amend the following:			
L. If amending name, enter the new name of the limited lin	ability company here:		
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	**************************************	CS FF way	

Enter new mailing address, if applicable:		SS A	
		T 7 7	
Mailing address MAY BE A POST OFFICE BOX)			
		70.27	
		>	
 If amending the registered agent and/or registered registered agent and/or the new registered office address here. 		records, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>		
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my du us provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document	

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>	Name	Address	Type of Action
MGR	Marina Bentata de Skornicki	999 Ponce de Leon Blvd.	
·		Suite 705	■ Remove
		Coral Gables, FL 33134	□ Change
	MATTER		☐ Add
			□ Remove
			☐ Change
			Add
		□ Remo	Remove
			□ Change
		AA	Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			OF STATE Remove

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, i	if necesso	ary.)	
				
				· · · · · · · · · · · · · · · · · · ·
				
				
<u></u>				
				<u> </u>
				
		 	,	
				
			· · · · · · · · · · · · · · · · · · ·	
				
<u></u>				
				
		······································		
Effective d	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	(optiona /s after filir	l) 1g.) Purs	uant to 605.0207 (
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records.	ts, this da	te will 1	not be listed as t
	specifies a delayed effective date, but not an effective time, at 12: h day after the record is filed.	:01 a.m	. on t	he earlier of:
Dated June	7 2016			
	Meritata	7.1 7.1 1.2 (7)	285	*22
	Signature of a member or authorized representative of a member	55	量	
	Marina Bentata Skornicki	RY C	ھ	<u>'m</u>
_	Typed or printed name of signee	FLORID	رن <u>ل</u>	O
	Dogg 2 of 2	RACE	h0 :S	
	Page 3 of 3	3-8	***	

Filing Fee: \$25.00