

Division of Corporations

117 000 130804

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H170003403113

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.
 Account Number : 120000000083
 Phone : (305) 932-6262
 Fax Number : (305) 933-9393

2017 DEC 28 PM 4:34

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KAB AMERICA, LLC

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SECRETARY OF STATE
FALL WASH DC FLORIDA
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H170003403113

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KAB AMERICA LLC

DOCUMENT NUMBER: L13000130804

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL J. SERBER
Name of Contact Person

SERBER & ASSOCIATES, P.A.
Firm/ Company

2875 N.E. 191ST STREET, SUITE 801
Address

AVENTURA, FLORIDA 33180
City/ State and Zip Code

INFO@SERBERLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYA FRENKIEL at (305) 932.6262
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H17000340313

KAB AMERICA 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 09/16/2013 and assigned Florida document number L13000130804

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

_____, Florida
City Zip Code

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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

HITW STUDIOS

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

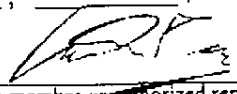
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PINES, MARTIN	2875 NE 191st Street, Suite 801	<input type="checkbox"/> Add
		Aventura, FL, 33180	<input checked="" type="checkbox"/> Remove
AR	S & A Company Management, LLC	2875 NE 191st Street, Suite 801	<input checked="" type="checkbox"/> Add
		Aventura, FL, 33180	<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.)

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 December 19th, 2017



Signature of a member or authorized representative of a member

Martin Pines

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 28 AM 7:03