Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL PREERTS, INC.

Account Number : I20120000058 : (305)760-2011 Phone Fax Number : (366)898-8710

**Enter the email address for this business*entity to be used fo

annual report mailings. Enter only one email adoress please

Email Address: epuka76@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KSTREET LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KSTREET LLC	
(Name of the Limited Link (A Flor	ollity Company as it now appears on our recor ida Linuted Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L13000159556	arden .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
		<u> </u>
		7 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		SS
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B. If amending the registered agent and/or re	gistered office address on our record	5 <u>4</u> = 0
registered agent and/or the new registered office at	ddress here:	S. '9
	<u>.</u>	
Name of New Registered Agent:		- ·
New Registered Office Address:		
	Enter Florida street addre	£ 23'
<u> </u>		Florida
	City	Σφ 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

3

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
MGRM	KSTREET CORP	11380 PROSPERITY FARMS RD	
		PALM BEACH GARDENS,	■ Remove
		FL 33410	☐ Change
MGRM	HERNAN ROUCO OLIVA	11380 PROSPERITY FARMS RD	⊆ Add
		#221E,PALM BEACH GARDENS	□ Remove
		FL - 33410	□ Change
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