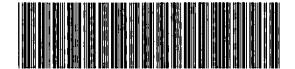
L14000015051

Office Use Only



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M. Granger Mail and 2026



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2014

JONATHAN SULTAN 12555 BISCAYNE BLVD,. SUITE 866 NORTH MIAMI, FL 33181

SUBJECT: FILS FILS LLC Ref. Number: L14000015051

We have received your document for FILS FILS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

If you have an Effective Date the date cannot be prior. This document was received on 5/20/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 014A00011542

COVER LETTER

SUBJECT:	FILS FIL	-S LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please return all corresponder	ice concerning this matter to	the following:	
		·	
_	JONATI	HAN SULTAN	<u>.</u> .
		Name of Person	
_	FILS	FILS LLC	
		Firm/Company	
_	12555	BISCAYNE BLUS	# 866
		Address	
_	MIAMI, F	City/State and Zip Code	
·		City/State and Zip Code	
_	FILS FILS	LLC & G-MAIL. be used for future annual report notificati	<u></u>
	`	•	on)
For further information conce	ming this matter, please cal	1:	
JONATHAN	1 SULTAN	at (646) 547 2: Area Code Davtime Te	323
Name of Per	rson	Area Code Daytime Tel	lephone Number
Enclosed is a check for the fo	ollowing 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)

· TO:

Registration Section Division of Corporations

> 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

FILED

2014 JUN -5 AM 8: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILS FILS	LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 440000 15051	were filed on 1/28/14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12555 BISCAYNE BUD
(Principal office address MUST BE A STREET ADDRESS)	<u>++ 866</u>
	MIAMI, FL 33187
Enter new mailing address, if applicable:	12555 BISCAYNE BLVD
(Mailing address MAY BE A POST OFFICE BOX)	# 866
	# 866 MIAMI, FL 33187
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 125	55 BISCAYNE BLVD # 866 Enter Florida street address
	AMI Florida 33187
New Registered Agent's Signature, if changing Registered Agent:	City City
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity. I further agree to comply with to e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AZOULAY, MIKAEL	951 BRICKELL AVE	Add
		#3111	Remove
		MIAM 1, FL, 33/31	
AMBR	JONATHAN MOYAL	12 555 BISCAYNE BLUD	Add
	-	# 866	□ Remove
		MIAMI, FL, 33187	
			🗀 Add
			□ Remove
			🖸 Add
			Remove
	·		🗖 Add
			□ Remove
			D Add
			Remove

				
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		an the date of fic, cannot be prior by the Florida Dep		optional) and cannot be more than 90 days after
he date this	tocument is filed t	by the Florida Depa	artment of State)	(optional) and cannot be more than 90 days after
he date this		by the Florida Depa		(optional) and cannot be more than 90 days after
he date this	tocument is filed t	by the Florida Dept	artment of State)	and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

