L14000015426

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : CHAPIN, BALLERANO & CHESLACK
Account Number : I20070000126
Phone : (561)272-1225
Fax Number : (561)272-4442

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1424 N OCEAN BLVD GS SL LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1424 N OCEAN BLVD GS SL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTIN SMYKLO
Name of Person

CHAPIN, BALLERANO & CHESLACK
Firm/Company

1201 GEORGE BUSH BLVD
Address

DELRAY BEACH, FLORIDA 33483
City/State and Zip Code

KSMYKLO@CHAPIN-LAW.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE
AND
FILED

For further information concerning this matter, please call:

Kristin M. Smyklo at (561) 272-1225
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

15 APR 27 AM 11:31

1424 N OCEAN BLVD GS SL 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 01/28/2014 and assigned Florida document number L14000015426.

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)

205 GEORGE BUSH BLVD
DELRAY BEACH, FL 33444

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

205 GEORGE BUSH BLVD
DELRAY BEACH, FL 33444

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: RKINVEST LLC

New Registered Office Address: 205 GEORGE BUSH BLVD
Enter Florida street address

DELRAY BEACH, Florida 33444
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

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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

Title	Name	Address	Type of Action
MGR	RKINVEST LLC	205 GEORGE BUSH BLVD	☒ Add
		DELRAY BEACH, FL 33444	☐ Remove
MGR	AMICORP US DIRECTOR	1001 BRICKELL BAY DRIVE #2006	☐ Add
		MIAMI, FL 33131	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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 APRIL 24, 2015

Signature of a member or authorized representative of a member

RUSTEM KUPI, JR. - AUTHORIZED REP

Typed or printed name of signee

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Filing Fee: $25.00

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