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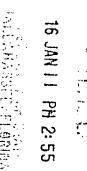
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COVER LETTER .

Div	ision of Cor	porations		
SUBJECT:		oldings LTD LLC		
Scholer.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		roberto kuchkarian		
			Name of Person	
		Rempar Holdings LTD LL	C	
			Firm/Company	
		800 claughton island drive	1303	
		 	Address	
		Miami, FL 33131		
			City/State and Zip Code	
		roberto@aquamassage.com		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Roberto Ku	chkarian		305 539-8828 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for ti	ne following amount:		
■ \$25.00 I	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:

TO:

Registration Section

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

Rempar Holdings LTD LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/02/2015	and assigned
Florida document number L14000049746	·	. •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		5 5 8
		<i>3</i> 3 ≥ 2
B. If amending the registered agent and/or registered agent and/or the new registered office ade		enter the name of the nev
registered agent and/or the new registered office and	uress nere:	P. P.
None CN D to 1A		N F
Name of New Registered Agent:		55
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	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

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
AMBR	Joaninha Martini Kuchkarian	800 claughton island drive	■ Add
		Miami, FL 33131	☐ Remove
			□ Change
 			Add
			☐ Remove
			☐ Change
			_ □ Add
			Remove
			Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 60 equirements, this date will not be list)5.0 sted
he record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ie, at 12:01 a.m. on the ear	ier
Dated January 06 2016		
Sohen Itulia.		
Signature of a member or authorized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00