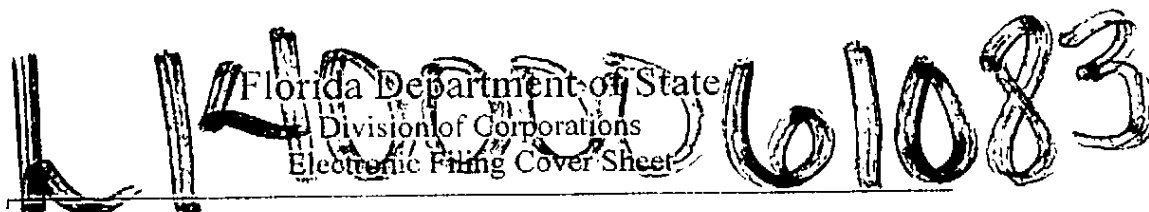


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000131826 3)))



H190001318263ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TAXLEAF.COM INC
Account Number : 12014000084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHIKY Z LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019/04/23 PM 1:02

TC
04/23/19

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Corporate Filing Menu

Help

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHIKY Z 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 04/14/2014 and assigned Florida document number L14000061083.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

3201 Griffin Rd Suite 206

Fort Lauderdale, FL 33312

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3201 Griffin Rd Suite 206

Fort Lauderdale, FL 33312

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:

Enter Florida street address

Florida

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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AND
FILED

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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

Title	Name	Address	Type of Action
MGR	SARATOGA LLC	ONE COMMERCE CENTER L201 ORANGE ST # 200 WILMINGTON, DE 19899	☐ Add ☒ Remove ☐ Change
AMBR	NOVACOVSKY, SEBASTIAN J	3201 Griffin Rd Suite 206 Fort Lauderdale, FL 33312	☒ Add ☐ Remove ☐ Change
AMBR	LABOVSKY, VIVIAN	3201 Griffin Rd Suite 206 Fort Lauderdale, FL 33312	☒ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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1). If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1990

2019 APR 22 AM 10:55

APPROVED
AND
FILED

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 69S-0207 (3)(b):
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Date: APRIL 22ND

20:9

Signature of a member or authorized representative of a member

VIVIAN LAHOVSKY

Typed or printed name of signer

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