L14000065211

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DATE: 11/6/14

NAME: KOSLOW KASTLES, LLC

TYPE OF FILING: AMENDMENT

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ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE Attache

** File First **

COVER LETTER

TO: Registration Section.
Division of Corporations

SUBJECT: Koslow Kastles, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Eilers
(Contact Person)

Eilers Law Group P.A.
(Firm/Company)

169 NE 43rd. St
(Address)

Miami, FL 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

William Eilers at (786) 247-2624
(Name of Contact Person) *(Area Code & Daytime Telephone Number)*

Enclosed please find a check made payable to the Florida Department of State for:
☐ $25 Filing Fee ■ $55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 NOV -6 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Koslow Kastles, 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 4/22/2014 and assigned Florida document number L14000065211

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

169 NE 43rd. St.
Miami, FL 33137

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

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

City, **Florida** *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 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
MGRM	Kristin Koslow	1658 Bay Rd. Suite 704 Miami Beach, FL 33139	☐ Add ■ Remove
AMBR	William Eilers	169 NE 43rd. St. Miami, FL 33137	■ Add ☐ Remove
AMBR	Jose Campana	Pol Ind Torrent den Puig 14 Arenys de Munt 08358J Barcelona	■ Add ☐ Remove
AMBR	Joseph Keppeln	23 Berwick Rd. Wood Green N22 5QB London	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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 November 5th 2014

Signature of a member or authorized representative of a member

Kristin Koslow

Typed or printed name of signee

Filing Fee: $25.00