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Office Use Only



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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	KODRENYC, LLC		
SOBJECT:	Name	of Limited Liability Company	
	Articles of Amendment and fee(s) a		
ricase return	ALLAN M. GLASE		
	ALLAN M. GLASF	Name of Person ER, P.A.	
		Firm/Company	
	11900 Biscayne Bly	d Suite 807	22
	Miami, FL 33181	Address	281 NOV 28 PH 1: 28
	عالدندي إلى ع ف الم		PH 1:2
For further in	E-mail addition concerning this matter, pl	dress: (to be used for future annual report notification) ease call:	100 € N
Jeffrey Vasili	ıs	312 576-7447 at ()	
	Name of Person	Area Code Daytime Telephone	: Number
Enclosed is a	check for the following amount:		
□ \$25.00 Fi	ing Fee S30.00 Filing Fee Certificate of Sta	tus Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDR	RESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KODRENYC, LLC								
(Name of the Limited	l Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)		_				
The Articles of Organization for this Limited Lia Florida document number L14000102155	bility Company	were filed on $\frac{6/26/2014}{2}$	<u>8 17</u> and	l assigne	ed			
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here:						
N/A								
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation "LLC" or the	ie abbreviatio	n "L.L.C."				
Enter new principal offices address, if applical	11900 Biscayne Blvd							
(Principal office address MUST BE A STREET	4DDRESS) Suite 807							
	Miami, FL 33181							
Enter new mailing address, if applicable:		•	TALLS	2818 NC	\$ }			
••			~	Caracas Caracas				
(Mailing address MAY BE A POST OFFICE B		2						
				 ⊒₹	- -			
B. If amending the registered agent and/oregistered agent and/or the new registered offi			ter the na	me vf 1	the nev			
Name of New Registered Agent:	Allan M. Glase	r						
New Registered Office Address:	e Blvd Suite 807		_					

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.

City

Miami

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33181 Zip Code

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	Diamonds Forever Miami LLC	17800 Ipco Road Miami FL 33162	□ Add
			■ Remove
			□ Change
MGR	AQFC. LLC	11900 Biscayne Blvd Suite 807 Miami FL 33181	B Add
			☐ Remove
			Change
		,—————————————————————————————————————	
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(If an effective Note: If the	late, if other to edate is listed, the edate inserted seffective date	e date must be sp in this block de	ectific and ses not m	cannot be p neet the ap	rior to date plicable st	of filing or	more than	(opt 90 days after rements, th	er filing.)	Pursuant vill not b	to 605,0 pe listed	0207 (. d as th
		·										
	specifies a th day after			ate, but	not an (effective	time, a	at 12:01	a.m. o	n the	earlie	r of:
, Nov	ember 15,			2018	_							
Dated												

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00