L14000151432

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	Registration Solivision of Co			
CUDIEC	Kheldar, L	LC		. ₩
SUBJEC	1;	Name of Lim	ited Liability Company	
	:			
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		Michael Weissman		
			Name of Person	
		Damian & Weissman, P.A.		
			Firm/Company	
•		902 NE 1st Street Box 9		
			Address	A CONTRACTOR OF THE PROPERTY O
		Pompano Beach, FL 33060)	
			City/State and Zip Code	
		mw@dwpa.net		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information (concerning this matter, please ca	all:	
Michael S	S. Weissman		954 747-5280 at ()	
	Name (of Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	0 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
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**

Kheldar, LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L14000151432}{L14000151432}$.	filed on September 24, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," 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)	75 DEC .T.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-: 32
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	;
	Enter Floridu street address
	, Florida
C	ty Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	David Berman	902 NE 1st Street Box 7	■ Add
		Pompano Beach, FL 33060	☐ Remove
		Northead Ann Addition (Profession of the Control of	☐ Change
MGR	Michael Weissman	902 NE 1st Street Box 7	Add
		Pompano Beach, FL 33060	■ Remove
,			☐ Change
MGR	Gregory Damiani	902 NE 1st Street Box 7	Add
		Pompano Beach, FL 33060	≅ Remove
	•		☐ Change
		<u>. </u>	TO AND TO
			Remove
			Change
			□ Remove
			Change
			Add
4 ,			□ Remove
			□ Change

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Filing Fee: \$25.00