

09-08-'15 10:04 FROM-

T-985 P0001/0005 F-727

L14 000-182540

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H15000215616 3)))



H150002156163ABC.

**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 : SIEGELAUB, ROSENBERG, GOLDING & FELLER, P.A.  
Account Number : I19990000058  
Phone : (954) 753-2222  
Fax Number : (954) 753-1123

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

Email Address: andrea@siegelauib.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KEPT FUNDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 SEP -8 AM 10:15

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP -8 AM 9:11  
7160

Electronic Filing Menu

Corporate Filing Menu

L14000182540

Help SEP 09 2015

J SHIVERS

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

Kept Funds 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 11/25/2014 and assigned Florida document number 614000182540

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 "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

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

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

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**

09-08-'15 10:10 FROM-

T-986 P0004/0005 F-727

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Roe Keren-Tzur	10615 NW 12 <sup>th</sup> Ct	<input type="checkbox"/> Add
		Plantation, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Keren-Tzur Family Trust	151 N. Nob Hill Rd	<input checked="" type="checkbox"/> Add
		Ste. 260	<input type="checkbox"/> Remove
		Plantation, FL 33324	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

T-986 P0005/0005 F-727

5 SEP - 3 AM 9:11  
TO: TAYLOR  
FROM: TAYLOR  
SUBJECT: TAYLOR

5 SEP - 9 AM 9:11

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**  
**(b) The 90th day after the record is filed.**

Dated 09/02/2015 

Signature of a member of authorized representative of a member  
Rosa Karen-Tzur, Karen-Tzur Family Trust  
Typed or printed name of signer