L14000182540

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(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	KEPT FUNI	DS,LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		PNIEL SHAI		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		KEPT FUNDS LLC		
			Firm/Company	
		1440 CORAL RIDGE DR,	PMB 335	
			Address	
		CORAL SPRINGS FL 330	71	
			City/State and Zip Code	
		KERENTZURGROUP@GN		
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
KEREN TZ	UR		305 9155518 at ()	
	Name of	Person		: Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

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

KEPT FUNDS, ELC		<u> </u>
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number L14000182540	ility Company were filed on 01.01.2015	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
·		2 =
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	EB S
B. If amending the registered agent and/or		
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	Ou'y	zip Couc

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 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	ROEE KEREN TZUR		Add
			Remove
		151 N NOB HILL RD, STE #260 Plantatio	h Change
			Add
			Remove
•			☐ Change
			Add
			Remove
			Change Ch
			☐ Change
.			
			Remove
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			Change

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				9:3
			<u></u>	<u> </u>
fective date, if other than the date of filing:	of filing or more	than 90 days after	ional) r filing.) Pursuant	to 605.0
ote: If the date inserted in this block does not meet the applicable state on the Department of State's records.				
record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective tim	ne, at 12:01 a	a.m. on the	earlier
tted 2.12.2016				
Signature of a member or authorized re	presentative of	member		

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Filing Fee: \$25.00