L15000029811

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MAR 2 7 2015

T. HAMPTON

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: KU	CHNIK AS	SOCIATES, .	<u> </u>
	Traile of Britis	ou sinemy company	
	nendment and fee(s) are subn		
Please return all correspond	ence concerning this matter to	o the following:	
	JAN KUC	HNIK Name of Person	
		Name of Person	
	KUCHNIK ,	ASSOCIATES, La Firm/Company	<u> </u>
		Firm/Company	
	11 GATEHO	DUSE RD.	
		Address	
	GEA RANCH	City/State and Zip Code	3308
	JANKULHNI	K PBELLSOUTH, N. o be used for future annual report notific	etion)
			ation)
For further information con	cerning this matter, please ca	11:	
JAN KUCH	WIK	at (<u>954</u>) <u>205-</u> Area Code Daytime	4215
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	=		
≤ \$25.00 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:

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

(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 <u>FEBRUARYIT, 2015</u> and assigned Florida document number <u>L15000029811</u>

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 Lia	bility 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)	DEC TAR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AM III 38
B. If amending the registered agent and/or registered energistered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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

Zip Code

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 <u>Address</u> Type of Action <u>Name</u> Title 116ATEHOUSE RD. MGR BRYGIDA KUCHNIK SER RANCH LAKES, FL. 33308 HAdd □ Remove □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove Remove Remove AH || : ☐ Remove

<u> </u>	
e effective	ate, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
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