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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporate | | | • |
|--|---|---|--|
| SUBJECT: | HARRED Name of Limit | 3 / Lability Company | |
| The enclosed Articles of Amer | ndment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondence | ce concerning this matter | to the following: | |
| _ | Tarr | R Kaneldis | 5 |
| _ | \\(\alpha\) \(\alpha\) | Firm/Company | |
| | MD3 | W. W 9772 A | bre |
| _ | Nian | m, R331= | 72 |
| | Canadadress: (t | City/8tate and Zip Code Observed for future annual report notific | Cation) |
| For further information concern | ning this matter, please ca | ıll: | |
| Clark Person | 918m | Arca Code Daytime | Telephone Number |
| Enclosed is a check for the foll- | owing amount: | | |
| \$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 Companied Limited Limit | iy as it now appears on our records.) iability Company) | |
|--|---|----------------------|
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L1500043787</u> | were filed on <u>3</u>]9] 15 | SECRIMA SSIgned HASS |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil | lity company here: | AR 8: 07 |
| The new name must be distinguishable and contain the words "Limited Liability Liability Contains the words "Limited Liability | ty Company "the designation "LLC" or the s | hbreviation "L. C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 1903 N.W. 977 Miami, P2 33 | 172 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | KD3 DN 977 MIAM, F2 33 | April BAD |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: | ice address on our records, <u>enter</u> : | the name of the new |
| Name of New Registered Agent: | ames Kanalidi | <u></u> |
| New Registered Office Address: 1903 | N.W. 97th Aven | M |
| Mian | Enter Florida street address , Florida, Florida | 33172 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

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 Type of Action <u>Title</u> **Address Name** Kathken Mainn □ Add 103 D.W. 97 An Ance MAM, 12 33172 ☐ Change VP Josephine Minn □ Add Remove Change PRE James Kanelidis KIBNINIGABANE ☐ Remove ☐ Change □ Add ☐ Change □ Add ☐ Remove

☐ Change

| 7; II AII | nending any other information, enter change(s) here: (Attach additional sheets, if neces. | sary.) |
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| (If an e Note docu | fective date, if other than the date of filing: The continue of the continu | ling.) Pursuant to 605.0207 late will not be listed as |
| the re) Th | cord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed. | n. on the earlier of |
| Dated | June 18 2015. | 15 J |
| | Signature of a member or authorized representative of a member | RETAR AHASS |
| | / Kathy Maiuki | THE STREET |
| | Typed or printed name of signee | 75 00 V |
| | Typed or printed name of signee | 8: 07 STATE FLORIE |

Filing Fee: \$25.00