L15000079373

(R	Requestor's Name)		
(Address)			
(A	ddress)		
(C	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
([Occument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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TALENHASSEE FLORIDA

IN. S. POBLE

COVER LETTER

TO:	Reg Div	istration Se ision of Cor	ction porations	,			
SUBJI	FCT.	ROOMQU	EST, L.L.C.				
	DC1,		Name of Lim	ited Liability Company			
			Amendment and fee(s) are sub	-			
			Ů	Michael Katsnelson	•		
			•	Name of Person			
				Firm/Company			
	900 N Federal Hwy, Ste 306						
				Address	A	2015	
			Hallandale, FL 33009		2015 HAY 13 S. CBE TAKY FALLAHASS	City City	
				City/State and Zip Code		List	Ĭ
For fu	rther in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)	AMIO: 27 OF STATE OF LORID	
						27 88 8A	
		Name o	f Person	at () Area Code Daytime	Telephone Number	<u> </u>	
Enclos	sed is a	check for th	te following amount:				
\$2	25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
		MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 L (A F	iability Company as it now appears on our re lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil Florida document number <u>L15000079373</u>	ity Company were filed on 05/05/2015	and assigned
This amendment is submitted to amend the following	ng:	
orida document number L15000079373 his amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
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	<u></u>	
(Principal office address MUST BE A STREET A.	DDRESS)	
		-<
		(iii)
Enter new mailing address, if applicable:	 	יין די ויין
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	<u> 전</u> 화 기 기존
		35,41
		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		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

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
.MGR	Michael Katsnelson	900 N Federal Hwy, Ste 306	■ Add
		Hallandale FL 33009	☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add Add Remove
			3 SSET O Change
			Remove
			□ Change
			□ Add
			□ Remove
		Unit 2000 State Section Control of Control o	□ Change
			Add
			□ Remove
			□ Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necesso	ary.)
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11.000			
			7015 FEC 8
			25 To 15 To
			AS T
			3 X C Y C Y C Y C Y C Y C Y C Y C Y C Y C
			10.00 E
Effective date, if other than t	he date of filing: May 8, 2015	(options ate of filing or more than 90 days after filing	
in all effective date is fisted, the date t	block does not meet the applicable	ate of filing or more than 90 days after fili e statutory filing requirements, this da	ng.) Pursuant to 605.0207 (3 ite will not be listed as th
he record specifies a delay	red effective date, but not a	n effective time, at 12:01 a.m	on the earlier of
The 90th day after the r	ecord is filed.	/ checure unite, de 12.01 a.ii	i, on the earlier of,
Dated Mby	4 F. JOLS.		
	Signature of a member or authorize	cu representative of a member	
	Michael Kats		
	Typed or printed na	ame of signee	

Page 3 of 3

Filing Fee: \$25.00