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To:

Division of Corporations Fax Number : (850)617-6383

From:

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 Account Name
 : KIM MARKS CPA

 Account Number
 : I20120000072

 Phone
 : (305)895~5815

 Fax Number
 : (305)895~6273

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 21161 HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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Division of Corporations

Registration Section

21161 Holdings LLC

SUBJECT:

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TO:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Korn

Name of Person

Firm/Company

21150 NE 22nd Court

Address

Miami, FL 33180

City/State and Zip Code

stephenkomcpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Korn	754	214-5532
	at ()
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

🖬 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status 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 H15009575033 TO **ARTICLES OF ORGANIZATION** OF

21161 Holdings LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on May 14 Florida document number L15000085385	th, 2015 and assigned
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
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 add	iress
	City ,	Florida 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

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PAGE 04/05

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H150001575033

MGR = Manager AMBR - Authorized Member

Title	Name	Address	Type of Action
MGRM	Jakob Markovitz	817 Buck Street	🖬 Add
		Hallandale Beach, FL 33009	C Remove
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