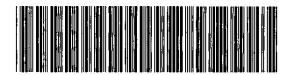
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 29 2015

S MASON

COVER LETTER

Division of Corp		:	<u> </u>				
kismet Mana	agement Team						
SUBJECT:	Name of Limi	ited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	idence concerning this matter	to the following:					
	Joanne Reynolds						
	.,	Name of Person					
	Kismet Management Team						
Firm/Company							
290 NW 105th Street							
		Address					
	Miami, Fl, 33150						
	joreyn1105@yahoo.com	City/State and Zip Code					
	E-mail address: (t	o be used for future annual report notific	cation)				
For further information co	ncerning this matter, please ca	ail:					
Joanne Reynolds		786 493-0085					
Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for the	e following 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

TOARTICLES OF ORGANIZATION **OF**

Kismet Management Team, LLC								
(Name of the Lim	ted Liability C (A Florida Lin	Comr mited	pany as it now appears of Liability Company)	on our record	<u>s.</u>)			
The Articles of Organization for this Limited I Florida document number				1st 2015		_ and assigned		
This amendment is submitted to amend the fol								
	•		1 ****					
A. If amending name, enter the new name of	or the limited	<u> 118</u>	buity company ner	2:				
The new name must be distinguishable and contain the	words "Limited	l Lial	bility Company," the des	ignation "LLC	" or the abbrev	viation "L±L.C."		
Enter new principal offices address, if appli	cable:				30	15 YES		
(Principal office address MUST BE A STRE		SS)			CAR			
<u> </u>		, , ,			255	F C		
					E C	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Enter new mailing address, if applicable:					FLOI SI	STA		
(Mailing address MAY BE A POST OFFICE	BOX)				高語	110 110		
						70		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		s he				e name of the nev		
New Registered Office Address:	***************************************		Eurar Florid	a street addres				
			Enter Pioria					
			City	, Fl	orida	Zip Code		
New Registered Agent's Signature, if changing	Registered As	gen	•			•		
I hereby accept the appointment as register provisions of all statutes relative to the propaction as register accept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this Sume Sypnature	per and compistered agen registered of s change.	iplet nt as offic	te performance of n s provided for in Ch	ny duties, an apter 605, confirm th	nd I am fam F.S. Or, if t at the limite	iliar with and his document is		
Just a Significant	. · P:) Age	e 1 of 3					

Page 1 of 3

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joanne	290 nw 105th street	Add
			□ Remove
			Change
	4		🗆 Add
			Remove
			Change
		**************************************	Add
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on the record specifies a delate. The 90th day after the	his block does not the Department of ayed effective	meet the applicate State's records.	ble statutory filing	requirements, t	his date will	not be l	isted as
June 22nd ated		2015					ರ್
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		Mu	noza			<u>-</u>	SCS.
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······································	Signature of a	i member or author	ized representative of	of a member	点記	\sim	무로
		á	zed representative of	of a member	HASSEE	5	TARY OF COM
	Signature of a	e Res	zed representative of	of a member	HASSEE. FL		TARY OF S
		e Res	inoid	of a member	HASSEE FLORI	5	

Page 3 of 3

Filing Fee: \$25.00