

115000095763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

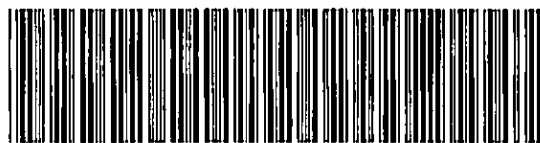
(Business Entity Name)

(Document Number)

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FALLBACK  
11/14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kismet Management Team, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CANDY WYNN  
Name of Person

Kismet Management Team, LLC  
Firm/Company

140 SE 5<sup>th</sup> Ave #541  
Address

BOCA RATON FL. 33432  
City/State and Zip Code

candy/wynn@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDY WYNN at (305) 582-8434  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

17 DEC 26 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KISMET MANAGEMENT TEAM, LLC

(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 6/1/2015 and assigned  
Florida document number 215000095763

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

140 SE 5<sup>th</sup> AVE #541  
BOCA RATON, FL.  
33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

140 SE 5<sup>th</sup> AVE #541  
BOCA RATON, FL.  
33432

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:

140 SE 5<sup>th</sup> AVE #541  
Enter Florida street address  
BOCA RATON, Florida 33432  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOANNE Reynolds	290 NW 105 ST.	<input type="checkbox"/> Add
		MIAMI, FL. 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rochelle Dobbs	140 SE 5 <sup>TH</sup> AVE. #541	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL.	<input type="checkbox"/> Remove
		33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE  
FALLAH STREET, CAIRO

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/21, 2017

Signature of a member or authorized representative

CANDY WYNA  
Typed or printed name of signer

Typed or printed name of signee