

115000106341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

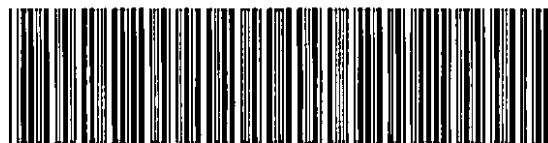
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200316356572

08/03/18--01017--011 \*\*25.00

FILED  
2018 AUG -3 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

n BRUCE  
AUG 10 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SQUARE LDI, LLC

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:

Robert A. Stok

Name of Person

Stok Folk + Kon

Firm/Company

18851 NE 29th Avenue, Suite 1005

Address

Aventura, FL 33180

City/State and Zip Code

service@stoklaw.com

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

For further information concerning this matter, please call:

Robert A. Stok

305 935-4440  
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

☐ \$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

2010 AUG -3 PM 2:42  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SQUARE LDI, 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 06/18/2015 and assigned  
Florida document number L15000106341.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2018 AUG -3 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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 address*

\_\_\_\_\_, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERTO KAMHAZI	15801 BISCAYNE BLVD., SUITE	<input type="checkbox"/> Add
		N. MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2008 AUG 3 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG - 3 PM  
SECRETARY OF STATE  
TALLAHASSEE FL

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

יהודה

(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)

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

Dated August 1<sup>st</sup>, 2018

Alberto Kambazu

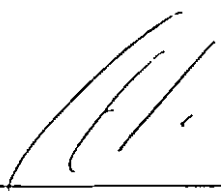
Typed or printed name of signee

**AFFIDAVIT OF RESIGNATION ALBERTO KAMHAZI**

STATE OF FLORIDA                     )  
  ) SS  
COUNTY OF MIAMI-DADE         )

I, Alberto Kamhazi, hereby tender my resignation as manager of SQUARE LDI, LLC, (the "Company"). It is neither possible, reasonable nor practicable for me to serve as manager of SQUARE LDI, LLC, and I am not able to continue to do so. Please accept this notice of my resignation as manager immediately.

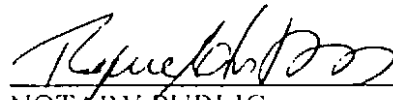
FURTHER AFFIANT SAYETH NAUGHT.

  
\_\_\_\_\_  
Alberto Kamhazi  
Affiant

**FILED**  
**2018 AUG -3 PM 2:42**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SWORN TO and SUBSCRIBED before me this 1<sup>st</sup> day of August, 2018 by Alberto Kamhazi, who is personally known to me and who did take an oath.



  
\_\_\_\_\_  
NOTARY-PUBLIC

[seal]