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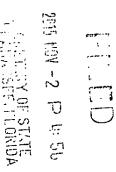
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October 28, 2015

Sent via U.S. Mail

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

RE: Application for "Articles of Amendment to Articles of Organization of DAMIR K LLC"

Dear Sir/Madam,

Please find enclosed application for "Articles of Amendment to Articles of Organization of DAMIR K LLC" and a check number 1384 for the filing fee in the amount of \$25.00.

If you have any concerns please contact our office.

Daniel M. Rudez, Esq.

Enclosures

COVER LETTER

TO: Registration Se Division of Cor			
DAMIR K SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VRAGOVIC, CEDOMIR		
		Name of Person	
	DAMIR K LLC		
		Firm/Company	
	740 ORANGE AVENUE		
		Address	
	ALTAMONTE SPRINGS,	FL 32714	
		City/State and Zip Code	
	VRAGCE@MSN.COM	10.6	
		o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ıll:	
DANIEL M. RUDEZ, ES	SQ.	407 369-4098	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAMIR K LLC			
(Name of the Lim	nited Liability Company (A Florida Limited Lial	as it now appears on our record bility Company)	<u>ls.</u>)
The Articles of Organization for this Limited Florida document number L15000147918	Liability Company wo	ere filed on 08/28/2015	and assigned
his amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabilit	ty company here:	
he 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 appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
	-		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	- E BOX)		
B. If amending the registered agent and egistered agent and/or the new registered of		e address on our record	s, enter the name of the
Name of New Registered Agent:	VRAGOVIC, CEI	DOMIR	
New Registered Office Address:	181 KENTUCKY	BLUE CIRCLE	
		Enter Florida street addres	3
	APOPKA	, FI	orida <u>32712</u>
		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	VRAGOVIC, CEDOMIR	181 KENTUCKY BLUE CIRCLE	
		APOPKA, FL 32712	Remove
			Change
			□ Add
			□ Remove
			Change
			Add
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ffective date is listed, the date must be If the date inserted in this bloc	e specific and cannot be priok does not meet the appli	or to date of filing or mor cable statutory filing	e than 90 days after filing requirements, this date	g.) Pursuant to 605. will not be listed
	artment of State's records	s.	•	
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Filing Fee: \$25.00