# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SAAVEDRA, GOODWIN

Account Number : I2004000091

Phone

: (954)767-6333

Fax Number

: (954)767-8111

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

Kfenichel @ Snavlaw. com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2695 INVESTMENTS LLC

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### **COVER LETTER**

Т		egistration Selvision of Cor		•	
SI	BJECT		tments LLC		
-			Name of Limi	ited Linbility Company	
			Amendment and fee(s) are sub-	•	
Pk	ease refu	rn all correspo	mdence concerning this matter	to the following:	
			Kimberly Penichel		
				Name of Person	
			Saavedra Goodwin		
		•		Firm/Company	<u> </u>
			312 S.E. 17th Street, Soon	nd Floor	
				Address	<del> </del>
			Fort Lauderdale, FL 33316	;	
		v	kfenichel@saavlaw.com	City/State and Zip Code	
			_	to be used for future annual report notifi	ication)
Fo	r further	information o	oncerning this matter, please ca	all:	
K	imberly F	Conichel		954 767-6333	
		Name o	f Person		Telephone Number
Eo	closed is	n check for t	se following amount:		
	\$25,00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[1] \$60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoo, FL 32314 STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	City	, Florida
	THE KINDS STORE	
New Registered Office Address:	Enter Florida street oa	
Name of New Registered Agent:		
registered agent and/or the new registered office addr	ess nere:	B
B. If amending the registered agent and/or regist		
		5 c (1)
		TO PITT
(Mailing address MAY BE A POST OFFICE BOX)		25 m
Enter new mailing address, if applicable:	•	AR TI
	the same of the sa	7s. <u>-</u>
<u>Principal office address MUST BE A STREET ADDRI</u>	ESSS)	*****
Enter new principal offices address, if applicable:		·
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	ad tickitic	•
This amendment is submitted to amend the following:	<b>-</b>	
Florida document number L1600011415		are non-knor
The Articles of Organization for this Limited Liability Co	mostry were filed on January 15, 20	016 and assigned
(Name of the Limited Linklity (A Florida)	Company as it now appears on our re- imited Liability Company)	cords.)
2695 Investments LLC		

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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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

assi (Adellatii e )

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Francisco L. Pujol	3890 N.W. 132nd Street	Add
		Bay H	
		Opa Locka FL 33054	☐ Change
MGR	Gaby M. Pujol	3890N.W. 132nd Street	■ Add
		Bay H	☐ Remove
		Opa Locka, FL 33054	☐ Change
MGR	Steve J. Moscovitch	10731 N.W. 4th Street	■ Add
<b>-</b>		Plantation, FL 33324	□ Remove
			Change
			AR Remove TO Remove TO Remove TO REMOVE TAILED AND ARCHITECTURE TO ARCHITECTUR
			☐ Remove
			☐ Change
			Add
			□ Remiove
			☐ Change

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(((H1600005290 mending any other information, enter change(s) here: (Att	tach additional sheets, if necessary.)
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date	(optional)
effective date is used, the date must be specific and eaunif be prior to date  ! If the date inserted in this block does not meet the applicable at ament's effective date on the Department of Stato's records.	of hing of more than 90 days after hing.) Pursuant to a naturnry filling requirements, this date will not be l
record specifies a delayed effective date, but not an one of the field.	· · · · · · · · · · · · · · · · · · ·
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Ed Fob Cary 29 , 2016.  X Slew Majorith  Signature of a member or sutborized a	CRETARY CAHASSET

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