## 1/6000/8917

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S. WARREN DEC 0 8 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	165	5 OS, LLC	
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Vol	odymyr Par	iskyy
	165	5 OS, LLC	· · · · · · · · · · · · · · · · · · ·
	P. O. Bo	x 510662	
	Key Colo	X 510 662  Address  Ony Beach,  City/State and Zip Code	FL 33051
	laurak:	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ification)
For further information co	ncerning this matter, please ca		,
		at (305) 73/	-5042
Name of	Person	Area Code Daytin	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1655	5 OS, i	LLC		
(Name of the Limited Liab (A Flor	illty Company as It n ida Limited Liability (	ow appears on our re Company)	cords.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 16 0000 18</u> 0.  This amendment is submitted to amend the following:	9/7	led on	6/2016	and assigned
A. If amending name, enter the new name of the li	mited liability cor	npany here:		
The new name must be distinguishable and contain the words "L	imited Liability Comp	any," the designation	"LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADI	DRESS)			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. Ke	1655 0 0. Box 5 y colony	S, LLC 10662 Beach,	FL 33051
B. If amending the registered agent and/or reg		dress on our rec	eords, <u>enter</u>	the name of the new
Name of New Registered Agent:	Volodym	yr Pans	kyy_	
New Registered Office Address:	12685	Overseas	hwy.	
	Marath	Off	_, Florida	33050
New Registered Agent's Signature, if changing Registe	City	,		Zip Code
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to ac I complete perfori I agent as provide ered office addres ge.	nance of my dutie d for in Chapter (	s, and I am fo 605, F.S. Or, a m that the lim	amiliar with and if this document is nited liability

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Coldiron, Grey	43 Kyle Way South Marathon, FL 33050	
	v	Marathon, FL 33050	Remove
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			Remove
			Change
		<del></del>	🗆 Remove
			Change
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	, if other than the date of fi		0/2017	(optiona		
<u>ite:</u> If the da	e is listed, the date must be specific te inserted in this block does n	ot meet the applicable				
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	ecifies a delayed effectiv ay after the record is file		effective time,	at 12:01 a.m	. on the ear	dier o
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		of a member or authorized		ember	DEC -	<u></u> i
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	<u>Vol</u>	Odymyk Pa	MSKYY mc of signee		7 PH 3:	

Filing Fee: \$25.00