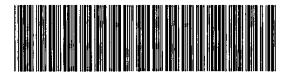
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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MAIL ATMESSEE; FLORIDA

T WASHINGTON DEC 0 6 2016

COVER LETTER

TO: Registration Sec Division of Corp			
SZYMAR V	WOJCIECH KOWALCZYK L	rc	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	WOJCIECH KOWALCZY	′K	
		Name of Person	-
	SZYMAR WOJCIECH KO	OWALCZYK LLC	
		Firm/Company	
	1800 N POWERLINE RD	BAY 1&2	
		Address	
	POMPANO BEACH, FLC	ORIDA 33069	
		City/State and Zip Code	
	SZYMEK10RAD@GMAIL	COM to be used for future annual report notific	ation
For further information c	oncerning this matter, please ca	•	anony
PAWEL JASKOLSKI		646 3026957	
Name o	f Person	at () Area Code Daytime `	Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		•		
SZYMAR WOJCIECH KOWALC	ZYK LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears o Liability Company)	n our records.)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{03/17}{}$	//2016	and assigned
Florida document number L16000054919	<u> </u>			10.A
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	eable:	1800 N POWERL	INE RD BAY 1&2	
(Principal office address MUST BE A STREI	ET ADDRESS)	POMPANO BEAC	СН	
		FLORIDA 33069		
Enter new mailing address, if applicable:		1800 N POWERL	INE RD BAY 1&2	
(Mailing address MAY BE A POST OFFICE	ROY)	POMPANO BEAG	 СН	
Walled Wall Con	<u> 1907/</u>	FLORIDA 33069	,	
B. If amending the registered agent and registered agent and/or the new registered o	or registered of of the state o	ffice address on o <u>e</u> :	ur records, <u>enter</u>	the name of the new
New Registered Office Address:	1800 N POWE	RLINE RD BAY 1&		
		Enter Florida	street address	
	POMPANO BI		, Florida _ ³³	069
		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	Wojciech R Kowalczyk	1800 N Powerline Rd Bay 1&2	□ Add
		Pompano Beach	□ Remove
		Florida 33069	■ Change
MGR	Szymon W Kowalczyk	1800 N Powerline Rd Bay 1&2	
		Pompano Beach	□ Remove
		Florida 33069	Change
			Add
			Remove
			-2 PH
			□ Remôve
		,	□ Remove
			☐ Change
			□ Add
			Remove
			Change

4 times as a MGR but he sh	nould be listed only once as it is only one person.	
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		DA
		
ive date, if other than th	ne date of filing:	(ontional)
fective date is listed, the date m	ne date of filing: ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 60
nent's effective date on the	Department of State's records.	requirements, this date will not be its
ord specifies a delayer 90th day after the re	ed effective date, but not an effective tirective tirecord is filed.	ne, at 12:01 a.m. on the earli
11/23/2016	Pompano Bea	
	Signature of a member or anthorized representative o	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00