# L16000018965

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# **COVER LETTER**

TO: Registration Section Division of Corpor				
*SUBJECT: <u>TS 18</u>	investment Name of Limit	ts LLC DBA K	Re/Max exclus	sive
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
	Atsameh	Shakib pan Name of Person		
	Ts invest	ments LLC DI	BA RelMan C	aclusik
	970 41=	Street Address		
	Miab	ch ¥L 33 City/State and Zip Code	140_	
-	miriamsha E-mail address: (to	be used for future annual report notific	, c)	
For further information conc	erning this matter, please ca	lì:	FEB AHAS	77
Ester Tal (	Irdiales	at ( <u>305)</u> 494 Area Code Daytime T	Celephone Number To So H	LED
Enclosed is a check for the fe	ollowing amount:		<i>&gt;</i>	
\$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

The Articles of Organization for this Limited Liability Company were filed on 4/2/2016 Florida document number L 1600007896K 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) B. If amending the registered agent and/or registered office address on our records, enter: registered agent and/or the new registered office address here: Name of New Registered Agent: -New Registered Office Address: Enter Florida street address Florida Zip Code City

### 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
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	tive date, if other than the date of filing:(optional)	TONE TO THE STATE OF THE STATE
Effec	tive date, if other than the date of filing: (optional) ffective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	will not be listed asy
dooui	ment a creedite date on the population of State a records.	
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the sarlier of
Dated	leb-7-2017.	
	Signature of a member or authorized representative of a member	
	Justification of a member of a member	
	Axamph Shakihppanah	

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Filing Fee: \$25.00