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s Name)
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Entity Name)
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
in Cuin in		stments, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	···
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		Andres Kofman		
			Name of Person	
			Firm/Company	
		860 Grand Regency Pointe	, Unit 101	
			Address	
		Altamonte Springs, FL 327	714	
			City/State and Zip Code	
		info@antei.com.ar	to be used for future annual report notif	ication)
For fur	her information c	oncerning this matter, please ca	·	icationy
Andres	Kofman		813 4538679	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
S \$25	5.00 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**

nited Liability Company as it now ap	pears on our records.)
	02/02/201
48178	
a document number	
end the following: we name of the limited liability company here: contain the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C." s, if applicable: CASTREET ADDRESS) icable: COFFICE BOX) agent and/or registered office address on our records, enter the name of the new gistered office address here: Agent: 860 Grand Regency Pointe, Unit 101	
words "Limited Liability Company," t	the designation "LLC" or the abbreviation .L.C."
icable:	हूँ सु ना
EET ADDRESS)	
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· .	
	on our records, enter the name of the r
	/4
860 Grand Regency Pointe, U	Init 101
Enter	Florida street address
	22714
Altamonte Springs	, Florida 32/14
	Liability Company were filed on 48178 fillowing: of the limited liability company e words "Limited Liability Company," (company) licable: EET ADDRESS) d/or registered office address office address here:

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
			☐ Remove
			Change
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			Remove
		Mark to the	□ Change
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			☐ Change

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ffectiv	ve date, if other than the date of filing: (optional)
fan effe Note: I	ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	September 19th
Dated _	2016
	11. 21 k
	Signature of a member or authorized representative of a member
	Andres Kofman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Florida Department of State – LLC Change of Address form

Cover Letter (Per requester in the instructions sheet)

Daytime telephone number: +1 (813) 453-8679

Return Address: 860 Grand Regency Pointe, Altamonte Springs, FL 32714.