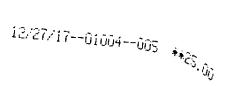
Lib 000 160482

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(B	Susiness Entity Nan	ne)
(D	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



700306981647



THE SECTION OF STATE OF STATE



December 20, 2017

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

Re: LFK Management & Consulting, LLC

To Whom It May Concern:

My firm represents LFK Management & Consulting, LLC. Enclosed please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, along with our firm's check in the amount of Twenty Five and No/100 Dollars (\$25.00) tendered as the requisite filing fee. As you can see, the Company is requesting that you change the mailing and principal address and remove Safder Khalfan as Manager.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb Enclosures

cc: Client (via Email)

COVER LETTER

TO		istration Sec ision of Corp								
CIII	DIECT.	LFK MANA	GEMENT & CONSULTING	G,LLC						
SUI	BJECT:		Name of Lim	ited Liability Company						
The	enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.						
Plea	ise return	all correspon	dence concerning this matter	to the following:						
			Ryan Cipparone, Esquire							
				Name of Person						
Cipparone & Cipparone, P.A. Firm/Company 1525 International Parkway, Suite 1071										
						Address				
									Lake Mary, FL 32746	
				City/State and Zip Code	 					
			RCipparone@Cipparonepa		- ,					
			E-mail address: (to be used for future annual report notifi	cation)					
For	further in	formation co	ncerning this matter, please co	all:						
Rya	an Cippai	one, Esquire		321 275-5914 at ()						
		Name of	Person	Area Code Daytime	Telephone Number					
Enc	losed is a	check for the	following amount:							
	\$25.00 F	iling 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

LFK MANAGEMENT & CONSULTING, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000160482	were filed on 8/26/16 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1.C" or the abbreviation "L.1C."	
Enter new principal offices address, if applicable:	801 International Parkway, Suite 500 Lake Mary, FL 32746	
(Principal office address MUST BE A STREET ADDRESS) Luke Mury, FL 32746		
Enter new mailing address, if applicable:	801 International Parkway, Suite 500 Lake Mary, FL 32746	
Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida	
•	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	Safder Khalfan	1423 Ocali Cove	
	·	Lake Mary, FL 32746	
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Remove
			□ Change
		<u> </u>	□ Add
			□ Remove
		 	□ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

			Remove
			□ Change

	·		
 			
			
		F .: -	<u> </u>
			<u> </u>
		S S	—
			<u> </u>
	<u>.</u>	<u> </u>	
		5	
	(optional)	•	
iling or more than 9	(optional) O days after filing	·) Pursuant to :	605.1
anger more man	ments, this date	will not be I	listed
		(optional)	1M 7: 45

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00