## LICOUNS5436

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## **COVER LETTER**

Division of Corpo			
SUBJECT:	artified L	LC.	
	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Kerry	M. Tibor Jy	
	Fort:	fied UC	
	15 - 0	,	010
	450 fairu	oay Dr., Sute	210
		Address	
	Deerfield	Beach, Fl. 33	44
	M-tibo E-mail address; (i	Beach, Flo 33 City/State and Zip Code  Ve fortified Lundi o be used for future annual report notific	ns low
For further information con-			,
Kerry M. Name of Po	Tibor, X.	at (904) 735 Area Code Daytime	- 4800 Telephone Number
Enclosed is a check for the	ollowing 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

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>LIGOO 18543</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	450 Fair Locy Dr., Suite 2K Derfield Beach, Fl 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	450 Fairway Dv., Sute 210 Deerfield Beach, FL 33441
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	Kerry M. Tibor Drive State 210
	Enter Florida Street address  EV field Beach, Florida 3344  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 Registrated Agent, Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Zachary E. Cohen	38 NW 33rd St.	🗖 Add
	·	Miami, FL 33127	Remove
			☐ Change
MGR	Kerry M. Tibor)r	160 Fairway Dr., Suite 2	<b>○ t</b> Add
		Deerfield Beach Fl 334	4 Remove
			☐ Change
<del></del>		<del></del>	🗆 Add
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Filing Fee: \$25.00