L17000035133

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(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Racket Wy Name of Limi	nwood LLC ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Navin	Chatan. Name of Person	
		Firm/Company	
	150 NL	J Zyth St Address	
	Mign Fi	33127 City/State and Zip Code Precookinha, Co o be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	H;	
Navin C	Latan:	at (305) 725 Area Code Daytin	1-8827 ne Telephone Number
Enclosed is a check for th	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)

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

ARTICLES OF O	
(Name of the Limited Liability Comparing Liability Com	its as tellow appears on our records, 1.2.17.4
The Articles of Organization for this Limited Liability Company florida document number <u>L17000035133</u> .	1-1 17
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	dity company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
3. 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our <u>records</u>:

MGR = Manager

thorized Member		
<u>Name</u>	<u>Address</u>	Type of Action
Navin Chatan	401 West 30th Strect	¤ (Add
	Miam: Back, F1 33140	□ Remove
		Change
		Add
		Remove
		Remove
		Add 1
		=====================================
		Add
		□ Remove
		Change
		Add
		□ Remove
		Change
		□ Remove
		Name Navin Chatan How West 30th Street Miam: Back, F1 33140

If amending any other information, enter change(s) here: (Attach additional sheets.	y necessary.)
	-
	INT SEP
	P 2
	90.2 T TG 72 T
	3: 4
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ays after filing.) Pursuant to 605.0207 (3 ats, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12). The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated 9 21 17	
Signature of a member of authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00