11700038489

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

	stration Sec sión of Corp			
	KOREN IN	VESTMENTS, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		BEN MATITYAHU		
			Name of Person	
		KSDT&COMPANY		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1625 N.COMMERCE STE	315	
			Address	
		WESTON, FL, 33326		
			City/State and Zip Code	
		BMATITYAHU@KSDT-C		
For further in	formation co	E-mail address: (t incerning this matter, please ca	o be used for future annual report notiful.	ication)
BEN MATTI			305 3703370 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for the	e following amount		
■ \$25.00 Fi	ling 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

KOREN INVESTMENTS, LLC	any as it now appears on our r	ecords)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	(XXXIII.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000038489</u> .	were filed on <u>02/17/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the about yighton "L.L.C."
Enter new principal offices address, if applicable:		——— <u>≥</u> Ω
Principal office address MUST BE A STREET ADDRESS)		
		SER O
		고일 로 O
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	ent is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Inside the distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the ability approximately distinguishable and contain the ability approximately distinguishable and contain the ability approximately distinguishable and contain the ability approx	A
R . If amending the registered agent and/or registered o	effice address on our rec	vards, enter the name of the ne
registered agent and/or the new registered office address her		the second of the new
Name of New Registered Agent:		
New Registered Office Address.		
	Enter Florida street a	dáress
		_, 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>	<u>Address</u>	Type of Action
MGR	JONATHAN KUSHNER	1625 N. COMMERCE PKWY	Add
		SUITE 315	□ Remove
		WESTON, FL 33326	Change
MGR	BEN MATITYAHU	1625 N. COMMERCE PKWY	■ Add
		SUITE 315	
		WESTON, FL 33326	Change
			
			□ Remove
			Change
			☐ Remove
			☐ Change
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ective date, if other than t	ne date of filing:nust be specific and cannot be prior to date of f	(optional)	\ Dureuer	ar ra istr	5 02A
te: If the date inserted in this	block does not meet the applicable statut Department of State's records.	cory filing requirements, this date	will not	be list	ted as
ament's effective date on the	repartment of order 3 records.				
record specifies a delay he 90th day after the re	ed effective date, but not an effe ecord is filed.	ective time, at 12:01 a.m.	on the	earli	ero
07/26 ed	2017				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00