## 111000053153

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

**S Warren** MAY 2 3 2017

## . COVER LETTER

	egistration Sec vision of Corp			
SUBJECT:		NDOS, LLC		
500,000		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		BYRON RIVADENEIRA		
			Name of Person	
		IRA FINANCIAL GROU		
			Firm/Company	
		1688 MERIDIAN AVEN		
			Address	
		MIAMI BEACH, FL 3313	39	
		· · · · · · · · · · · · · · · · · · ·		
		LLC@IRAFINANCIALGF	IOUP.COM to be used for future annual report notific	eation
For further i	information co	incerning this matter, please ca	·	,
BYRON R	IVADENEIRA	A	305 330-1525	
Name of Person		Person	at () Area Code Daytime ^	Telephone Number
Enclosed is	a check for the	e 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 OF

KACIE CONDOS, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>iny as it now appears on our records.)</u> Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number    L17000052153	were filed on March6, 2017 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:
he 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)	2953 BEE RIDGE RD
	SARASOTA, FL. US 34239
Enter new mailing address, if applicable:	5855 MIDNIGHT PASS RD, #733
Mailing address MAY BE A POST OFFICE BOX)	SARASOTA,FL. 34242US
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
	<b>z.</b>
Name of New Registered Agent:	
New Registered Office Address:	Francisco de Idade
	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 finfiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this decument 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 Resistered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUSAN M. BRADLEY	5855 MIDNIGHT PASS RD, #733	□ Add
		SARASOTA, FL. 34242 US	☐ Remove
			□ Change
			☐ Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
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effective date is listed, the date e: If the date inserted in thi	must be specific and is block does not r	d cannot be prior to neet the applicab	date of filing or mo le statutory filing	re than 90 days aft requirements, ti	ter filing.) Purs his date will i	uant to 6	05.02 isted
ument's effective date on th			······································	,			
ecord specifies a delane 90th day after the			an effective ti	me, at 12:01	. a.m. on t	he ear	lier
ic soth day after the	record is filed.						
	1	2017					
May 15		1	•		700	=	
May 15 ed							
ed	-A					7.	
ed May 15	Signature of a	member or authoriz	zed representative of	of a member		MAY 2	<u></u>
ed May 15  ADAM BERGMAN		member or authoriz	zed representative c	f a member	CORLIARY LLAHASSEI	7 HAY 22	FILE

Filing Fee: \$25.00