117000068740

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600305525866

11/13/17 -01030--005 *#25.00

17 NOV 13 PH 1: 57

S. WARREN NOV 1 5 2017

COVER LETTER

то:		ration S n of Co	ection rporation	18			
SUBJ	ECT:	K.	141	/ / / / / Name of Li	mited Liability Company	466	
The e	nclosed A	rticles o	f Amenda	nent and fee(s) are su	bmitted for filing.		
Please	e return all	corresp	ondence	concerning this matte	er to the following:		
				A.M4	r Kular		
					Name of Person		
					Firm/Company	<u>. </u>	
			·	1830 W	Br. werd Address	Blud	
				ff Lev	City/State and Zip Coo	L 333	3/1
					to be used for future annu		
For f	urther info	ormation		ng this matter, please	s. (to the used for rature min	ia report nemical	
	Я.		K	u le -	at ()_ Area Code	995-1	369
	160	Name	e of Person	<u> </u>	Area Code	Daytime Te	lephone Number
Encl	need is a c	heck for	r the follo	wing amount:			
	825.00 Fil			30.00 Filing Fee & Certificate of Status			□ \$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 Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{3/17}{17}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words Limited Liab	LC or the abbreviation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1830 W Broward Blud
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1830 m Browned Blud 1st Landordale, FL 33312
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	,,
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	s provided for in Chapter 605, F.S. O <u>z-</u> tf-thus apcument is
If Cr.	nanging Registered 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 = Manager

ANIDK - A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thomas Kolar	F# Landerdale, FL	8/~2) Add
		P# Landerdalg, PL	Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Semove
			□ Change

			<u> </u>	
			 - 	
	 			
			<u></u>	
				····
				-
		ng:	(or	otional)
ctive date, if othe	r than the date of fill		ting of thore man 30 days a	not mang. It disudit to box
e: If the date insert	ed in this block does not	t meet the applicable statuto	ory filing requirements,	his date will not be liste
e: If the date insert	er than the date of tills, the date must be specific a ed in this block does not ate on the Department of	t meet the applicable statuto	ory filing requirements,	his date will not be liste
e: If the date inserte ument's effective da record specifies	ed in this block does not ate on the Department of a delayed effective	t meet the applicable statuto f State's records. e date, but not an effe	ry filing requirements,	his date will not be liste
e: If the date inserte ument's effective da record specifies	ed in this block does not ate on the Department of	t meet the applicable statuto f State's records. e date, but not an effe	ry filing requirements,	his date will not be liste
e: If the date insertoument's effective da record specifies he 90th day afte	ed in this block does not ate on the Department of a delayed effective	t meet the applicable statuto f State's records. e date, but not an effe	ry filing requirements,	his date will not be liste
e: If the date insertoument's effective da record specifies he 90th day afte	ed in this block does not ate on the Department of a delayed effective	t meet the applicable statuto f State's records. e date, but not an effe- d.	ctive time, at 12:0.	I a.m. on the earlie
e: If the date insertoument's effective da record specifies ne 90th day afte	ed in this block does not ate on the Department of a delayed effective er the record is filed	t meet the applicable statuto f State's records. e date, but not an effe- d.	ry filing requirements,	his date will not be liste
e: If the date insertoument's effective da record specifies he 90th day afte	ed in this block does not ate on the Department of a delayed effective er the record is filed Signature of	a meinter of authorized representation	ctive time, at 12:0.	a.m. on the earlie
ument's effective da record specifies	ed in this block does not ate on the Department of a delayed effective er the record is filed Signature of	t meet the applicable statuto f State's records. date, but not an effect.	ctive time, at 12:0.	I a.m. on the earlie

Filing Fee: \$25.00