1/27/2017	ADAMS GALLINAR PA PAGE 01/05 Finida Department of State Division of Corporations Electronic Filing Cover Sheet
,	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H17000310025 3)))
	H170003100253ABCT Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
PA 2:  4	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : AGI REGISTERED AGENTS, INC. Account Number : I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811 **Enter the email address for this business.entity to be used for future annual report mailings. Enter only one email address please.** Email Address
2017 ROV 27 PA	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BREGAZI TRADING LIMITED, LLC Certificate of Status Certificate of Status Certificate Of Status Page Count Estimated Charge S25.00
	Electronic Filing Menu Corporate Filing Menu Help : K SALY NUV 2 8 2017

11/27/2017 15:06	3054166811	ADAMS GALLINAR PA	PAGE 02/05 (((H17000310025 3)))
TO: Registration Section Division of Corpora	1 Mone		
	DING LIMITED, LL	 C	
SUBJECT:	I	f Linuted Liability Company	-
The enclosed Articles of Ame			
Please return all corresponde	nce concerning this m	atter to the following:	
	Diane M. Hernandez		_
		Name of Person	
	Adams Gallinar, P.A.	Fim/Company	
	1000 Brickell Avenue		
		Address	
	Miami, Florida <b>39</b> 13	l	
	dhemandez@agilaw.c	City/State and Zip Code	
-	hernandez@agilaw.c E-maijadd	orn ress: (to be used for future annual report notification)	_
For further information cont	erning this matter, ple	ease call:	
Diane M. Hemandez		305 416-6800 at ()	
Name of Po Enclosed is a check for the		Area Code Daytime Telephone Nur	nber
	Certificate of Sta		0 Filing F <b>ce,</b> ficate of Status &
		(additional copy is enclosed) Certi	fied Copy unnal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	<b>S</b> :
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11/27/2017	15:06	3054166811	ADAMS GALLINAR PA	A PAGE 03/05 (((H170003100253)))
			RTICLES OF AMENDMENT	
			TO	
			RTICLES OF ORGANIZATION	V E A
			OF	45 K 1
			01	
			BREGAZI TRADING LIMITED, LLC	THE S C
		(Name of the)	Climited Liability Company as it now appears on a (A Florida Limited Liability Company)	N HIT and as control
		\ <u></u>	(A Florida Limited Liability Company)	
The Articles	f Ormania	ration for this Limit	d Liability Company were filed on	117 and assumed
the Articles	or Organiz		Ed Elability Company were filed on	
Florida docu	iment numt	per <u>L17000132752</u>	42 ·	
This amend	ment is sub	mitted to amend the	following:	
A. If amen-	ding name	, <u>enter the new na</u>	ne of the limited liability company here:	
	CKS, LLC			
The new name	must be disti	inguishable and contain	the words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new i	nrincinal o	ffices address, if a	plicable:	
	-	11	REET ADDRESS)	
<u>[["""""""""""""""""""""""""""""""""""</u>	<u>me aunre</u>	<u></u>		
Enter new	mailing ad	dress, if applicable		
(Mailing ad	ldress MAY	REAPOSTOFF	<u>(CE BOX)</u>	
B. If ame	ending the	registered agent	and/or registered office address on our	records, enter the name of the new
registered a	agent and/o	or the new register	ed office address here:	
Na	am <mark>e</mark> of New	Registered Agent:		
	D			
<u>Nc</u>	w Register	ed Office Address:	Enter Florida su	rect address
			City	, Florida Zip Code
Non Damisto		· Classica If ab =		rup Cone
<u>new Registe</u>	rea Agent'	s Signature, il chang	ing Registered Agent:	
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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

Page 1 of 3

(((H170003100253)))

 11/27/2017 If amending	Authorized Person		ADAMS GALLINAR PA manage, enter the title, name, and addre	PAGE 04/05 (((H17000310025 3))) ess of cach person_being added
MGR = Ma	rom our records: inager ithorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
<u></u>		<u> </u>		🖸 Add
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		P	age 2 of 3	(((H17000310025 3)))

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11/27/2017 15:06 3054166811	ADAMS GALLINAR PA PAGE 05/05 (((H17000310025 3)))
D. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
	T - T
	ALL ALL SECOND
	The second secon
F. Effective date, if other than the date of (If an effective date is listed, the date must be spec	filing:(optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records.
document's effective date on the Departme	nt of State's records.
If the record specifies a delayed effect	live date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is	hled.
Dated November 27	2017
X V Signatu	e of a member or authorized representative of a member
Pascal Frate/ini	
	Typed or printed name of signce
	Page 3 of 3
	Filing Fee: \$25.00
	((([H17000310025 3)))