Florida Department of State Obvision of Communication Skeetrenic 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.

(((H17000181060 3)))



H170001810903ABCY

	Doing so will generate another cover sheet.	- }= ;-	
To:	Division of Corporations		/ JUL
.	Fax Number : (850)617-6383	<u> </u>	
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019		
	Phone : (305)552-5973 Fax Number : (305)675-5944		44
**Enter an	the email address for this business entity to be used for nual report mailings. Enter only one email address please.	future **	,
Em	ail Address:		

SELVE PARKET PRINCES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRASNIQI HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



H17000181060

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KRASNIQI HOLDINGS,LLC		on our meands)	
(Name of the Limits	d Lightity Company as it now appears A Florida Limited Liability Company)	to our strainer	
e Articles of Organization for this Limited Li	- Nilling Company were filed on 07/0	5/2017	and assigned
e Articles of Organization for this Limited Li	ability Company were med on		
orida document number L17000143963	··		
is amendment is submitted to amend the follo	owing:		
If amending name, enter the new name of	the limited Hability company be	Æ :	
			viation "L.L.C."
e now name must be distinguishable and contain the v	ords "Limited Liability Company," the de	alfaring proc of me appra	
nter new principal offices address, if applic	able:	<u></u>	
rincipal office address MUST BE A STREE			=======================================
Incipia office and cas			
		<u> </u>	
		: ^ :)	- p
nter new mailing address, if applicable:			
Autling address MAY BE A POST OFFICE	BOX)		700
Taung agaress may in: A 1 402 92 12			
			. w
		one environment enterest	e name of the r
. If amending the registered agent and	L'or registered office address of	Out lectured and	
egistered agent and/or the new registered	ince angress ucre:		
	**		
Name of New Registered Agent:	SINDY MUNOZ		
 _	15543 SW 137 PLACE		
New Registered Office Address:		orida street address	
	мілмі	, Florida 331	77
	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.

Registered Agent, Signature of New Registered Agent

Page 1 of 3

FAGE 03/04

H17000181060

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> Fitle</u>	Name	<u>Address</u>	Type of Action
MGR	LIRIDON KRASNIQI	15543 SW 137 PLACE	■ Add
		MIAMI, FL 33177	□ Remové
			□ Change
MGR	SINDY MUNOZ	15543 SW 137 PLACE	Add
		MIAML FL 33177	■ Remove
		fo.	□ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add Remove
			Change
			DAdd
			□ Change

Page 2 of 3

H	1	7	0	0	0	1	${\bf g}$	1	0	6	0
J'n	ec.	ess	an	.)							

				· · · · - ·	
				<u> </u>	
	<u> </u>				·
					· · · · · · · · · · · · · · · · · · ·
				_	
		· · · · · · · · · · · · · · · · · · ·			

					<u> </u>
	······································				
fective dat	e, if other than the	date of filing:		(opti	onal)
ote: If the discument's ef	ate inserted in this bi- fective date on the D	ock does not meet the a epartment of State's re-	pplicable statutory filing cords.	g reduirements, au	offing.) Pursuant to 605.020's date will not be listed as
July 10)	2017			
ated	1 A	<i>f</i>	·		
		Signature of a member of	r authorized representative	of a member	78 291
	V				
1.1 —-	RIDON KRASNIQI	Typed 6	r printed name of signee		- 100
		. , , , , , ,	Environment at Edge 33		$=\tilde{\pi}_{i}^{*}-I$
			Page 3 of 3		是 [
			ng Fee: \$25.00		9.