

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : 120060000012
Phone : (305)826-5886
Fax Number : (305)722-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M CHERENEK INVESTMENTS, LLC

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Electronic Filing Menu

Corporate Filing Menu

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MAR 03 2020
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

M CHERENEK INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/21/2017 and assigned
Florida document number L17000178686

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

4189 SW 23 ST

DOOR #2

FORT LAUDERDALE, FL 33317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4189 SW 23 ST

DOOR #2

FORT LAUDERDALE, FL 33317

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARTIN ACCOUNTING & TAX SERVICE, INC

New Registered Office Address:

7678 NW 186TH ST

Enter Florida street address

MIAMI

City

Florida 33015

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CLERK OF THE
COURT
STATE
FLA.

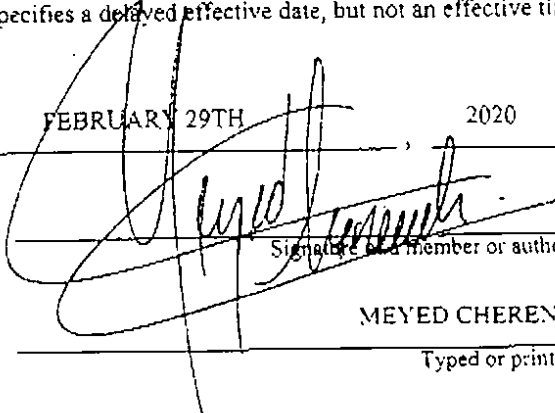
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 29TH, 2020



Signature of a member or authorized representative of a member

MEYED CHERENEK CHERENEK

Typed or printed name of signer