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SECRETARY FLORIDA

COVER LETTER

	stration Sec sion of Corp			
	Konstanz L			
SOBJECT.	-		ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Josh Bennett		·
			Name of Person	·
		Law Firm of Josh N. Benn	ett, Esq., P.A.	
		 -	Firm/Company	
		440 North Andrews Avenu	ie	
			Address	
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		ian@joshbennett.com	to be used for future annual report notif	- ·
For further in	formation co	oncerning this matter, please ca		ication y
lan Horowitz			954 779-1661 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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 tadditional 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

Konstanz Lake LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	ds.)
ne Articles of Organization for this Limited Liability C	Company were filed on 09/14/2017	and assigned
orida document number L17000191927	<u> </u>	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
1	,	
new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
ter new principal offices address, if applicable:	n/a	FAS T
incipal office address MUST BE A STREET ADD	RESS)	<u> </u>
		- SS 5 F
	n/a	P D
ter new mailing address, if applicable:	UW	
ailing address MAY BE A POST OFFICE BOX)		P 0
·		····
If amending the registered agent and/or regis	stered office address on our record	s, enter the name of the
gistered agent and/or the new registered office add	lress here:	
None of New Paristand Arents R/a		
Name of New Registered Agent:		
New Registered Office Address:	P Pl .: 11	
	Enter Florida street addre.	SS
	;	lorida
	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.

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>	Name	<u>Address</u>	Type of Action
MGR	Josh Bennett	440 North Andrews Ave	□ Add
		Fort Lauderdale, FL 33301	■ Remove
			Change
MGR	Viviana Areiza	440 North Andrews Ave	₽ Add
		Fort Lauderdale, FL 33301	□ Remove
		<u></u>	Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
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ffective date, if other than	the date of filing:			(optional)		
an effective date is listed, the date lote: If the date inserted in the	must be specific and car	unot be prior to date o	of filing or more than 90 i	days after filing.)	Pursuant to 605. vill not be liste	.02 ed a
ocument's effective date on th			g 4			
e record specifies a dela The 90th day after the		e, but not an e	ffective time, at 1	12:01 a.m. o	n the earlie	er
October 18	:	2017				
Pated	· · ·	· ·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00