

Fm: Interstate FilingsTo: BAROUCH & ELSOUNNE 5855 MCKINGEY LLC 11/28/2017

Division of Corporations Division of Corporation Electronic Filing Cover Shee

Note: Please print this page and use it as a cover sheet. Type the fax audit number

(((H17000311733 3)))

(shown below) on the top and bottom of all pages of the document.



H170003117333ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number (850)61

Fax Number

: (850)617-6383

From:

: INTERSTATE FILINGS LLC Account Name

Account Number : 120110000086 : (718)569-2703 Phone Fax Number

: (718)504-7890

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

contact@interstatefilings.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAROUCH & ELSDUNNE 5855 MCKINLEY LLC

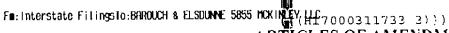
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Ċ



K

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

BAROUCH & ELSDUNNE	<u>5</u> 855 MCKINL	EYLLC		
(Name of the Limite	d Liability Compan	y as It now appears on ou ability Company)	r records.)	
	l .			
The Articles of Organization for this Limited Li	ibility Company v I	vere filed on		_ and assigned
Florida document number L17000236593	<u> </u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and end with the	ords "Limited Liabil	ity Company," the designa	tion "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if applica	l ble: n			
(Principal office address MUST BE A STREE)	(ADDRESS)	2.1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>30x)</u>			
B. If amending the registered agent and		ice address on our	records, enter ti	ne name of the new
registered agent and/or the new registered of	ice address here	•		.
<u> </u>				
Name of New Registered Agent:	INTERSTAT	E AGENT SERVI	CES LLC	
-	4540 CLEN	WAY DRIVE		
New Registered Office Address:	1540 GLEN	Enter Florida stro	pat addi ass	.
	TALLAHAS	SEE	, Florida <u>323</u>	301
		City	_	Zip Code
	M			

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

Page 1 of 3

Fo: Interstate Filings Io: BAROUCH & ELSDUNE 5855 MCKINEY (#17000311733 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
<u></u>	<u></u>	<u></u>	
			Remove
			
	<u> </u>	<u> </u>	
			□ Remove
			C
		<u> </u>	Add
		<u> </u>	Вешоуе
			Add
		<u> </u>	U Add
			☐ Remove
			<u>.</u>
			Add
			□ Remove
			Remove
		Page 2 of 3	

E. Effective date, if other than the date of tiling: (De effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) November 28 Signature of member of authorized representative visus analysis. Typed or printed name of signee Page 3 of 3	Interstate FilingsTo:BAROUCH & ELSD UNN E 5850 (ሚዚቪቲን ይርቆ3]	11733 3))) 1	6:37 11/28/17 ET Pg
Typed or punited name of signee Typed or punited name of signee Page 3 of 3	D. If amending any other information, enterchange(s	i) here: (Attach additional sheets, if necessary,) ————————————————————————————————————
Typed or punited name of signee Typed or punited name of signee Page 3 of 3			
Typed or punited name of signee Typed or punited name of signee Page 3 of 3			<u> </u>
Typed or punited name of signee Typed or punited name of signee Page 3 of 3			
Typed or punited name of signee Typed or punited name of signee Page 3 of 3			
November 28 Signature of a member of authorized representative of a member of	E. Effective date, if other than the date of filing:	(optional)	
Signature of a member of authorized representative of a member: Alex Englard Typed or printed name of signee	the date this document is filed by the Florida Department of State	e)	
Signature of a member of authorized representative of a member: Alex Englard Typed or printed name of signee	Daice November 28 20	<u>17 </u>	
Alex Englard Typed or printed name of signee Page 3 of 3	ale		
Page 3 of 3	166	or authorized representative of a member	
Page 3 of 3	Alex Englard		
Page 3 of 3	Typed o	or printed name of signee	
	No.		
	I II		
		Page 3 of 3	
Ⅲ			

(((H17000311733 3)))