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COVER LETTER

TO:	Registration Se Division of Cor			
ena ir.	Kushel Ent	erprises, LLC		
SUBJE	CT:	Name of Lan	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i-	eturn all correspo	indence concerning this matter	to the following:	
		Jacqueline Palerino		
			Name of Person	
		Palermo & Beetz, LLC		
			FirmvCompany	
		2525 Embassy Drive, Suite	: 14	
			Address	
		Cooper City, FL 33026		
			City/State and Zip Code	
		Jackie@phfl-tax.com		
		E-mail address: (i	to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	ill;	
Jacquel	ine Palermo		954 443-(1977 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$ 25	.00 Fiting 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 (additional 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 Clitton Building 2661 Executive Center Circle Fallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2818 HOV -2 P & 27

Kushel Enterprises, LLC			n de la companya del companya de la companya del companya de la co
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our a Liability Company)	esorde Dilli Alter Solle. Flicks. A
The Articles of Organization for this Limited I Florida document number 1,17000250194	Liability Company		
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liah	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LTC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter now mailing address. If nonlimbles		N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>: 80.0)</u>		
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the name of the nev
Name of New Registered Agent:	Jacqueline Palermo, CPA		
New Registered Office Address:	2525 Embassy	Drive, Suite 14	
		Enter Florida strest	address
	Cooper City		_, Florida 33026 Zip Code
		Ciţ	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 Rouse red Agent Sensture of New Registered Agent

Page 1 of 3

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	Address	Type of Action
MGR	Jason F. Portnot	9980 Central Park Blvd N Ste 113	□ ∧dd
		Boca Raton, FL 33428	U X84
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ffective date, if other than fan effective date is listed, the date	. The date of filin a must be specific an	d cannot be prior	o date of filing or me	re than 90 days after	r us) filing.) Pursuant to 605	5.0207
<u>Note:</u> If the date inserted in the locument's effective date on the	ils block does not t he Department of !	meet the applica State's records.	ble statutory filing	requirements, this	date will not be list	icd as
		,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
e record specifies a dela The 90th day after the			an effective ti	me, at 12:01 a	i.m. on the earli	er of
Dated October 30		2018				
11 // / -			- ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00