118000045743

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FALLAHASSET, FLORIDA

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COVER LETTER

SUBJECT:	ticles of An	Name of Limi nendment and fee(s) are subsence concerning this matter Michael Kadoch	_	
The enclosed Ar		nendment and fee(s) are sub-	mitted for filing. to the following:	
		ence concerning this matter	to the following:	
Please return all	correspond	_	·	
		Michael Kadoch	Name of Person	
			Name of Person	
			rome or renon	
		Michael R. Kadoch P.A.		
			Firm/Company	
		7501 NW 4th Street, Suite	204	
			Address	
		Plantation, FL 33317		
			City/State and Zip Code	
		michael@kadochlaw.com		
For further infor	mation con-	e-mail address: () cerning this matter, please co	to be used for future annual report notificall:	sation)
Michael Kadoch	1		954 713-9423	
	Name of P	erson	at ()	Telephone Number
Enclosed is a che	eck for the	following amount:		
虹 \$25.00 Filin	ig 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kikos International Market 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 2/20/2018 _ and assigned Florida document number L18000045743 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Address	Type of Action
AMBR	Eli Tal	7818 NW 44TH STREET	Add
		SUNRISE, FL 33351	■ Remove
			Change
AMBR	Tal Bareket LLC	1001 N FEDERAL HIGHWAY,	Add
		Suite 317	Remove
		HALLANDALE BEACH, FL 3300	Change
			🗖 Add
			Remove
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fective date, if	other than the dat listed, the date must be s	e of filing:	annot be prior t	o date of filing o	or more than 90 da	(optional)	Pursuant to 605	5.020
ote: If the date i	inserted in this block of ive date on the Depart	does not me	et the applica	ble statutory f	ling requiremer	its, this date w	ill not be list	ed a
	ive date on the repair		ile a recordi.					
	ifies a delayed eff		ite, but not	an effectiv	e time, at 12	2:01 a.m. o	n the earli	er c
_	after the record	is filed.						
ated May	, 147L	,	2018					
ated / MA /				_				

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Typed or printed name of signee

Filing Fee: \$25.00