# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

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

Email Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONIGKEIT INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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D<sub>REC</sub>OTT May 24 **2019** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ONIGKEIT INVESTMENTS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>03/30/2018</u> and assigned Florida document number: L18000081410

EIN Number: 82-5062176

#### Article I

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 Coropany," the designation "LLC" or the abbreviation "L.L.C."

#### Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

2991 BANYAN ROAD, BOCA RATON, FL 33432

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

2991 BANYAN ROAD, BOCA RATON, FL 33432

### Article IV

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: US TAX CONSULTING INC

New Registered Office Address: 5401 S KIRKMAN RD SUITE 135, ORLANDO, FL 32819

### 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

Typod er printed name of signee

Title	Name	Address	Type of Action
AMBR	ONIGKEIT HOLDING LIMITED	HUNKINS WATERFRONT PLAZA, MAIN STREET, SUITE 556, CHARLESTOWN, NEVIS	REMOVE ADD
C. If and	ending any other information, e	nter change(s) here: (Attach additional	sheets, if necessary.)
Change	the TITLE of MGR to AMBR for po	rtner LUCIANE FRANCOISE ONIGKEIT	
(The effi	ctive date, if other than the date fective date must be specific, ca an 90 days after the date this do on:  MAY 22th, OA  The of a member or authorized re-	nnot be prior to date of receipt or file ocument is filed by the Florida Depart	didate and cannot be ment of State)  Control State  Control State