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Special Instructions to I	Filing Officer:	
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### **COVER LETTER**

Division of Cor	porations		
SUBJECT:	22 Kustom Name of Limi	2 LLC	
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arthur	Frost Name of Person	
		Name of Person	
		Firm/Company	<del>.</del>
		TimeCompany	
	1000 NW	9 49 St. Address	
	Ft. Land	ridule FL 33309 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ea	all:	
AZN.	<del>-</del> 1	000 no	1/ 27
Name o	of Person	at ( <u>954</u> ) <u>288 -</u> Area Code Daytime	: Telephone Number
Enclosed is a check for t	-	_	
\$25.00 Filing 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:

TO:

Registration Section

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

22 Kustonz L	L (_
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5/31/18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" 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:	1000 N.W. 49 St. Ft. Landerdale FL 33309
(Mailing address MAY BE A POST OFFICE BON)	Ft. Landerdale FL 33309
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	SECRIVISION
New Registered Office Address:	16 3
New Registered Office Address.	Enter Florida street address
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered Agent:	O 1
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and brovided for in Chapter 605. F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	Michael Rizzo	1928 RT 302	
		Circleville NY 10919	Remove
			Change
AMBR	Sara Jane Becker	7000 NW 49 St.	Xadd
		Ft. Landerdale FL 33309	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
		<del></del>	□ Remove
			Change
			🗀 Add
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Note: If the	date, if other that we date is listed, the date inserted in s effective date or	this block does	not meet the a	ipplicable statut	iling or more than ory filing requir	(optiona 90 days after filir rements, this da	l) ng.) Pursuant to te will not be	605.0207 listed as
If the record (b) The 90	d specifies a de th day after th	elayed effect ne record is f	ive date, bu îled.	it not an effe	ective time, a	at 12:01 a.m	on the ea	rlier o
			15	3 .				
Dated	8/23		·  —					
Dated	8/23 - ML	Signature ar Fros						

Page 3 of 3

Filing Fee: \$25.00