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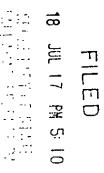
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: USED BUSINESS ADD. FOR NEW MGR. DID NOT HAVE COMPLETE ADD. KS

Office Use Only



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COVER LETTER

ŢΟ:	Registration Se Division of Cor			
SUBJE	Kosher Ro	oom LLC		
SOBJE	C1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
	·	Sheila Mansilla		
		- · · · · · · · · · · · · · · · · · · ·	Name of Person	
		Kosher Room LLC		
		 	Firm/Company	
		936 SW 118 Terrace		
			Address	
		Daive Fl 33325		
		sheilamansilla@gmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ca	all:	
	Sapir Name o	Rom	at (954) 9017 Area Code Daytime	352Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$ 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)
	MAIL	ING ADDRESS:	STREET/COURIE	:R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 JUL 17 PH 5: 10

Kosher Room LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	ompany were filed on July 10, 20	and assigned	
The Articles of Organization for this Limited Liability Company were filed on July 10, 2018 and assigned Florida document number L18000166136 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)			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		cords, <u>enter the name of the nev</u>	
Name of New Registered Agent:	the new name of the limited liability company here: able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." address, if applicable: UST BE A STREET ADDRESS) , if applicable: A POST OFFICE BOX) stered agent and/or registered office address on our records, enter the name of the new new registered office address here: stered Agent:		
New Registered Office Address:			
	Enter Florida street address		
	<u> </u>	Florida	
	City	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 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>	Name	<u>Address</u>	Type of Action
MGR	Alfredo F Papaseit	434 Lake View Dr Apt 102 West	
			☐ Remove
		<u> </u>	Change
			□ Add
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			70 Add TI
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			Change
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			Remove
			Change
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			☐ Remove
			Change
			Add
			Remove
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If amendi	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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lf an elfectiv <u>Note:</u> If the	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lit's effective date on the Department of State's records.	05.0207 sted as
ne record The 90	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlith day after the record is filed.	ier of
Dated July	Loule Hould	
	Signature of a member or authorized representative of a member	
	Shella Manmsilla Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00