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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Kennel		
	Name of Lim	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	<u> </u>	ard Fridman	
		Name of Person	g:  Vicaman  Person  Inpany  All 203  All 205  A
		Name of Limited Liability Company  Indiment and feets) are submitted for filing.  The concerning this matter to the following:  Concerning this matter to the following:  Concerning this matter to the following:  Firm/Company  Name of Person  Firm/Company  Address  Address  City/State and Zip Code  Lennel   L.C. G.	
	Division of Corporations  Kennel LLL  Same of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filling.  Closed Articles of Amendment and fee(s) are submitted for filling.  Closed Articles of Amendment and fee(s) are submitted for filling.  Closed FV Closed  Firms Company  Address  Chy/State and Zip Code  Length LLC Grantle Company  ther information concerning this matter, please call:  Closed FV Closed  Length LLC Grantle Company  at (Lyb) Lls G334  Name of Person  at (Lyb) Lls G334  Area Code Daytime Fetephone Number  ed is a check for the following amount:  5.00 Filling Fee  Certificate of Status  Certified Copy		
	2929 Nu		
	Jun/16e		
	E-mail address: (		il. com
For further information of	Amendment and fee(s) are submitted for filing.  Sondence concerning this matter to the following:  CISCAVO FV Caman  Name of Person  Firm/Company  2925 NW With Ave #303  Address  Suntice FL 33323  City/State and Zip Code  Lennall address: (to be used for future annual repyt notification)  concerning this matter, pleuse call:  Africa Code Daytime Felephone Number  the following amount:  S30.00 Filing Fee & Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (Certified Copy		
S (S) (a)	of Person	at ( <u>b4b) 248 (</u> Area Code Daytime	行るない : Telephone Number
Englosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

## 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

1

Kenne I		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number $L 180002092$	ompany were filed onO_\(\beta\)	
(Principal office address MUST BE A STREET ADDRESS)  Position  - State		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b></b>
(Principal office address MUST BE A STREET ADDR	ESS)	BS SEL
		— CRE COTO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		9
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sn	vet address
		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, <u>enter the title, name, and address of each person\_being adde on removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MCP	Giscard Friedman	2423 SW 147 MA # 623 MIAMI FL 33185	<u>C</u> □∧dd
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing of  e: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed.	ve time, at 12:01 a.m. on the earl	ier of
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GISC av d Fri Typed or printed name of signe		
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