10/15/2018	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.	
	i i i i i i i i i i i i i i i i i i i	
	From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>	
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CS302 LLC	
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	(COVER LETTER		
ro: Registration Sec Division of Corr				
CS302 LLC	5			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.		. J.
Please return all correspon	ndence concerning this matter	to the following:	•	
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		 / 1
	101 N. Brand Blvd., 11t	th Floor	م ر د	
	<u>-</u> ,	Address		
	Glendale, CA 91203			
		City/State and Zip Code		
	cvondergoltz@gmail.con E-mail address: (to be used for future annual report notifier	ation)	
For further information c	oncerning this matter, please c	all:		
Cheyenne Moseley		800 773-0888 ext.	. 9724	
Construction and and a series	(Parcon		clephone Number	
Name o	1 (130)			
Name o				
Name o Enclosed is a check for th	he following amount:	🗐 855 00 Filing Fee &	🗂 \$60.00 Filins	Fee.
Name o	he following amount:	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate c Certified Co (additional cop	of Status &
Name o Enclosed is a check for th	he following amount: \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate c Certified Co (additional cop	of Status &
Name o Enclosed is a check for th S25.00 Filing Fee MAIL Registr	he following amount: S30.00 Filing Fee & Certificate of Status ING ADDRESS: ration Section	Certified Copy (additional copy is enclosed) STREET/COURIEL Registration Section	Certificate o Certified Co (additional cop R ADDRESS:	of Status &
Name o Enclosed is a check for th S25.00 Filing Fee MAIL Regist Divisio P.O. B	he following amount:	Certified Copy (additional copy is enclosed) STREET/COURIE	Certificate o Certified Co (additional cop R ADDRESS:	of Status &

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company	were filed on 09/21/2018	and assigned
Florida document number L18000225095	·	
		; 1
This amendment is submitted to amend the following:		مهند کې موسي ت
A. If amending name, enter the new name of the limited liab	ility company here:	5 11
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6050 NW 102nd Ave., Suite 302	
(Principal office address MUST BE A STREET ADDRESS)	Doral, Florida 33178	
Enter new mailing address, if applicable:	6050 NW 102nd Ave., Suite 302	
(Mailing address MAY BE A POST OFFICE BOX)	Doral, Florida 33178	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	ffice address on our records, <u>enter</u> <u>e</u> : Enter Florida street address	<u>the name of the the second se</u>
	, Florida	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

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If amending the Managers or Anthorized Member on our records, enter the title, name, and address of each Manager or Anthorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Christian Von Der Goltz	6050 NW 102ND AVE., SUITE 302	DAdd
·		DORAL, FL 33156	E Remove
AMBR	Markus Von Der Goltz	6050 NW 102ND AVE., SUITE 302	🗆 Add
		DORAL, FL 33156	PI Remove
AMBR	Christian Von Der Goltz	6050 NW 102nd Ave., Suite 302	[2] Add
		Doral, Florida 33178	Remove
AMBR	Markus Von Der Goltz	6050 NW 102nd Ave., Suite 302	🗹 Add
		Doral, Florida 33178	
			🗆 Add
			🖸 Remove
			<u> </u>
	Pag	e 2 of 3	

• • •

3239628300 From: Meghan Smith

To:	Page	6 of 6	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		<u> </u>	
(The effective	iate, if other than the date of filing:(optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)	 .,	
Dated	October 3, 2018.	, () ,	
	Un very de nut	<u>יד</u> ירי	:
	Signature of a member or authorized representative of a member Christian Von Der Goltz	>	0
	Typed or printed name of signee		

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Filing Fee: \$25.00

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