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Amend Mame

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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: <u>Bec</u>	Ko Communications Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Omer	Droze Name of Person	
	Berko	Communications //C	
	3299 Clint	Moore Vised #107 Bona Address	Ration, Fl 33496
	Bora Paton,	City/State and Zip Code	
	<u>Odroze wa w</u> E-mail address: (na il. Com to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Oma / Dame o)n)re	at (<u>5761</u>) <u>5769 - 5</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Suicazi Entert (Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)	ds.
The Articles of Organization for this Limited Lia Florida document number <u>180033318</u>		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of the new name must be distinguishable and contain the wor		
Enter new principal offices address, if applical		or the antirevalue (1,1,1
(Principal office address MUST BE A STREET	ADDRESS)	EG S T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	ON -2 PH IS
D. If amending the registered agent and/or registered agent and/or the new registered offi		is, enter the name of the new
Name of New Registered Agent:	Omer Droze	
New Registered Office Address:	3299 Clint Moore Road Enter Florida street addre	ed /07
	3299 Clint Moore Road Enter Florida street addre Bora Raton City	lorida <u>3349/p</u> 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Ortalia 30	2	, <u>2018</u>	· ·			
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	Signature of a	inem ber o r aut	hion and repres	entative of a mem	ber	
5	e date inserted in this be seffective date on the Descripion of the Section of th	s effective date on the Department of S specifies a delayed effective of the day after the record is filed. Signature of a	s effective date on the Department of State's record specifies a delayed effective date, but not have after the record is filed. Signature of a member of automatical specifies and specifies are specified as specifies and specifies and specifies are specified and specifies and specifies are specified and specifies and specifies are specified as specifies and specifies are specified as specifies are specified as specifies and specifies are specified as specifies are specified as specifies and specifies are specified as specifies are specifi	s effective date on the Department of State's records. specifies a delayed effective date, but not an effect the day after the record is filed. Signature of a member of authorized representations.	seffective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at the day after the record is filed. Signature of a member of authorized representative of a mem	specifies a delayed effective date, but not an effective time, at 12:01 a.m.

Page 3 of 3

Filing Fee: \$25.00