118000254612

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SECRETARY OF STATE
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COVER LETTER

Division of Co			
SIKUI HO SUBJECT:	USING GROUP I LLC	·	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRO BESPALK	0	
	SIKUI HOUSING GROU	Name of Person P 1 LLC	
	5283 SW 33RD WAY	Firm/Company	
	FORT LAUDERDALE, F	Address L, 33312	
	MANAG770@GMAIL.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
ALEJANDRO BESPAL	KO	954 8548556 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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, 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

FILED

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SIKUI HOUSING GROUP 1 LLC

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

The Articles of Organization for this Limited Liabili Florida document number L18000254612		and assigned
This amendment is submitted to amend the following	g:	
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re-		s, enter the name of the new
registered agent and/or the new registered office a	address here:	, <u></u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	ss
	FI	orida
	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	Address	Type of Action
AMBR	LUIS KOMORNIK	26 DE MARZO 3461 APTO 802 MONTEVIDEO, MV 10000 UR	
			□ Remove
			Change
AMBR	JORGE WILDBAUM	NATHAN ALTERMAN 19/17 HERZLIA 4636413 UN	B Add
			Remove
AMBR	HAGA INVESTMENTS LLC	5283 SW 33RD WAY FORT LAUDERDALE, FL, 33312	□ Add
			
			□ Remove
			Change
AMBR	DINIMA INVESTMENTS LLC	5283 SW 33RD WAY FORT LAUDERDALE, FL, 33312	= Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			□ Change

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ffective date, if other than t	the date of filings			(optional)	
an effective date is listed, the date of the late in this ocument's effective date on the	must be specific and c s block does not me	annot be prior to dat et the applicable :		90 days after filing.) Pursuan	
e record specifies a delay The 90th day after the r		te, but not an	effective time, a	t 12:01 a.m. on the	earlier of:
November 26		2018			
	K.	1	representative of a men		

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Typed or printed name of signce

Filing Fee: \$25.00