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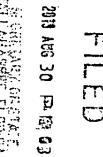
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## **COVER LETTER**

TO: Registration S Division of Co	rporations		
SUBJECT:	11 Kbobs Holdin Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Robert F	Name of Person	
	Beuchside		
	2132 S. Ad	Hantic Are	
	Daytona Bea	City/State and Zip Code	32118
	<u>Beachside gr</u> E-mail address:	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ication)
For further information of	concerning this matter, please co		
Robert Pa	aveco of Person	at ( <u>386</u> ) <u>215-0</u> Area Code Daytime	708 Telephone Number
Enclosed is a check for t	he following amount:		
<b>2</b> \$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, 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

Mikho	bs holding	1.5	FILE	
(Name of the Limit	ted Liability Compar (A Florida Limited Li	as it now appears on o ability Company)	ur records.)	<b>P 日</b> 93
The Articles of Organization for this Limited L. Florida document number/\$ 000 0100	, ,	vere filed on	2019 E DARY	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here:		
The new name must be distinguishable and contain the we Enter new principal offices address, if applic (Principal office address MUST BE A STREE	able:	y Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter th	ne name of the new
Name of New Registered Agent:	RoberT	Pavano		
New Registered Office Address:	2132	S. Alantic Enter Florida str	eet address	
	Daybur ba	d shores	, Florida <u> </u>	ZIV8 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.

hanging 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> **Address** Type of Action Name 2132.5. Affantic Bre Daybur Beach Shores Decemove
PL 32/18 \_\_ Change mar <u>Mikhael</u> Jacejko □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change ☐ Remove \_\_\_ Change \_\_ 🗆 Add \_□ Remove \_D Add \_□ Remove 

D. If amend	fing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<del></del>
Note: If	date, if other than the date of filing: 8-26-2019 (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 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cross-cr
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	8-26-2019  Color Concerns  Signature of a member or authorized representative of a member
	Robert Pavano Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00