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COVER LETTER

	НОМЕКА	V LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed .	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspo	ndence concerning this matter	to the following:		
		JACKY KOENIG			
			Name of Person		
		HOMEKAV LLC			
			Firm/Company		
		9801 COLLINS AVE APT	r 9S		
			Address		
	BAL HARBOUR FL 33154				
		JACKYKOENIG@HOTM	City/State and Zip Code AIL.COM		
		E-mail address: (to be used for future annual report no	otification)	
For further inf	ormation co	oncerning this matter, please ca	all:		
ЈАСКҮ КОЕ	NIG		786 3972163		
	Name of	Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fil	ing 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)	
	MAILI	NC ADDDESS.	STD F F T/COLU	DIED ANNDESS.	

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HOMEKAV LLC

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(Name of the Limite	ed Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited Li Florida document number L19000159404	ability Company were filed on	06/17/2019 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	
B. If amending the registered agent and/or the new registered of		on our records, enter the name of the n
Name of New Registered Agent:	JACKY KOENIG	
New Registered Office Address:	9801 COLLINS AVE APT 9S	
		Florida street address
	BAL HARBOUR City	, Florida 33154
	•	·

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	JACKY KOENIG	9801 COLLINS AVE APT 9S	8
-		BAL HARBOUR FL 33154	Add
			□ Remove
			☐ Change
MGR	KAVANA101 LLC	250 95TH ST UNIT 7292	
		SURFSIDE FL 33154	
			■ Remove
			☐ Change
MGR	TOV101 LLC	16400W DIXIE HWY STE 1574	Add
		MIAMI FL 33160	■ Remove
		 	Change
			
			Remove
			☐ Change
			
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

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<u>,</u>	
 	
	
E. Effective date, if other than the (It an effective date is listed, the date made in this document's effective date on the lister.	oust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) block does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delaye b) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.
Dated	2019
	- July
	Signature of a member or authorized representative of a member
JACKY KOENIG	γ

Typed or printed name of signee

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