119000 234 363

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<u>. </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only

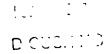


700335134367

10/15/19--01011--023 **25.00

19 of the one being the following the follow

brumo



COVER LETTER

TO:			ion Section of Corpor									
SUBJEC	CT:	4	AVA	RΕ	PROFESS	IONA:	L DET	Aics 6	دد			
	-				Name of Lin	iited Liability	Company					
The encl	losed	Artic	les of Am	endme	nt and fee(s) are sub	omitted for f	iling.					
Please re	eturn	all co	rresponde	ence coi	ncerning this matter	to the follo	wing:					
					MA	1217	KA	LKAS				
					<u>-</u>	Name	of Person					
					KALKAS	Ru-	întss	SERV	res			
						Firm	Company (
					245 SE	157.	57 5	NE 22	5			
						Α	ddress					
					MIAM	· FL	331.	31				• • •
						City/State	and Zip Code					: -::(
			_		MJKALKI						1977	12 42 7
					E-mail address:	(to be used fo	r future annual	l report notifica	ntion)			,
For furth	ner in	forma	ition conc	erning	this matter, please c	all:					<u>.</u>	
	A	1A	RTD.	KA	LKAS	at (705	57	7 9 1 16		 	-
		N	lame of Pe	rson			area Code	Daytime T	elephone Number		ų,	•
Enclosee	d is a	check	c for the f	ollowin	g amount:							-
x \$25.	00 Fi	ling F	ee l		00 Filing Fee & rtificate of Status	Cert	O Filing Fee ified Copy tional copy is en		□ \$60.00 Fili Certificate Certified ((additional c	e of Statu: Copy		
			JAILING Registratio					T/COURIER	RADDRESS:			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A		i de se
ARTICLES OF O	RGANIZATION	6 / 37
LAVARE PROFESSION (Name of the Limited Liability Compa- (A Florida Limited L	j.	~ · · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document numberL 190002343G3	were filed on 9/17 / 19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	GII SÉ 19 STR FT LAUDERDALE	FL 33316
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florida	

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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

·If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBIL	MARTIN KALKAS	552 W FEAGLERST	🗖 Add
		APT 1311 MIAHI FL 33130	∑ Remove
		MAH FL 33130	Change
AMBR	LUIZ AVALLOW!	550 W FLAGLER ST	B Add
		APT 1311	Pemove
		MIANI, FL 35130	Change
			🗆 Add
			□ Remove
			□ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change

11 171112	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
-	
_	
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
lf an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10/10/2019
	Mall Falo
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

٠D.

Page 3 of 3

Filing Fee: \$25.00