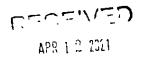
## LZI 000080124

Office Use Only



100363528951



## **COVER LETTER**

	Name of Lin	nted 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		
	Shimon U Sacharow			
	<del></del>	Name of Person		
	Kue Hospitality Group LL	<b>(</b> ·		
		Firm Company		
	731 NW 182nd Way			
		Address		
	Pembroke Pines, FL 33029	)		
		City/State and Zip Code		
	urisacharow <sup>iā</sup> gmail com			
	E-mail address (	to be used for future annual report not:	fication)	
For further information c	oncerning this matter, please e	all		
Shimon Sacharow		954 850-3369 at ( )		
Name o	of Person	at () Area Code Daytime	e 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)	S60 00 Filing Certificate of Certified Cor (additional copy	Status & Sy

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.)   Liability Company)	······································
y were filed on <u>02/24/21</u>	and assigned
bility company here:	
oility Company," the designation "LLC" or	the abbreviation "L.I. C "
18459 Pines Blvd.	
#167	
Pembroke Pines, FL 33029	
address on our records, enter the	name of the new regist
Emer Floraki street address	<del></del>
	aZip Code
	bility company here:  othty Company," the designation "LLC" or  18459 Pines Blvd.  #167

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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

2021 APR 12 AM 11: 03

## 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>	<u>Name</u>	Address	Type of Action
CEO	Shimon U Sacharow	731 NW 182nd Way	≡Add
		Pembroke Pines	© Remove
		F1. 33029	□Change
coo	Kyshali Ramirez	2880 NE 12th Terr	
		Pompano Beach	⊟Remove
		FL 33064	<b>■</b> Change
СНО	Eric Vincent	2880 NE 12th Terr	
		Pompano Beach	
		H. 33064	
		·	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

21121 APR 12 AH II: 03

Control to the state of the sta	
Effective date, if other than the date of filing: if an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records	(optional) or more than 90 days after filing (Pursuant to 605 0207 ); filing requirements, this date will not be listed as the
record specifies a delayed effective date, but not an effective time, at 12.01 and is filed	m on the earlier of (b). The 90th day after the
Dated April 05 2021	
Signature of a member or authorized represent	stive of a member

Filing Fee: \$25.00