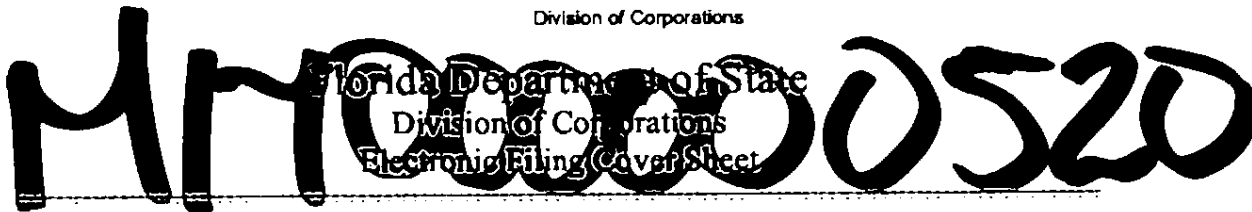


Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000186195 3)))



H190001861953ABC7

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Fax Number : (850)617-6383

From:

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Account Number : I201100000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: contact@interstatefilings.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
3535 SW 52ND AVENUE LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 02      |
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Electronic Filing Menu

Corporate Filing Menu

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JUN 14 2019

((H19000186195 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of

State: 3535 SW 52ND AVENUE LLC

Enter new principal office address, if applicable:

*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M17000000520

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 01/19/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "LLC.")

*(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")*

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

*City*

*Florida*

*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 603, 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:**

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AND  
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(a), indicate that change:

| <u>Title/Capacity</u> | <u>Name</u>                               | <u>Address</u>                            | <u>Type of Action</u>                      |
|-----------------------|-------------------------------------------|-------------------------------------------|--------------------------------------------|
| <u>MGRM</u>           | <u>ZEVI KOHN</u>                          | <u>2071 FLATBUSH AVE STE 22</u>           | <input type="checkbox"/> Add               |
|                       |                                           | <u>BROOKLYN, NY 11234</u>                 | <input checked="" type="checkbox"/> Remove |
| <u>MGRM</u>           | <u>ELIEZER SCHEINER</u>                   | <u>2071 FLATBUSH AVE STE 22</u>           | <input checked="" type="checkbox"/> Add    |
|                       |                                           | <u>BROOKLYN, NY 11234</u>                 | <input type="checkbox"/> Remove            |
| <u>          </u>     | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Add               |
| <u>          </u>     | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Remove            |
| <u>          </u>     | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Add               |
| <u>          </u>     | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Remove            |
| <u>          </u>     | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Add               |
| <u>          </u>     | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Remove            |

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

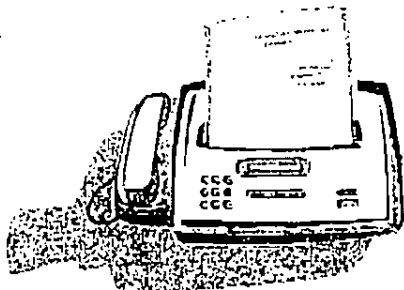
**ELIEZER SCHEINER**

Typed or printed name of signer

Filing Fee: \$25.00

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## KIJOENNA SERVICES, INC



### FACSIMILE TRANSMITTAL SHEET

TO: *Division of Corporation*  
Merchant Services  
Company:  
*18506176383*

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KIJOENNA SERVICES INC  
DATE:

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