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VLLAHASSEE, FLORIDA

J. 17-14

## **COVER LETTER**

TO:	Registration So Division of Cor						
		Street LLC					
SUBJE	CT:	Name of Lim	ited Liability Company	<del></del>			
The enc.	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Hagai Shechter					
			Name of Person	<del></del>			
			Firm/Company				
	221 W. Hallandale Beach Blvd., Suite 107						
			Address				
		Hallandale, FL 33009					
		hagai555@gmail.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notif	cation)			
For furt	her information (	concerning this matter, please co	all:				
Hagai S	hechter		305 725-7518 at ()				
	Name o	of Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for t	he following amount:					
<b>≅</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:

TO:

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

( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	inv as it now appears on our Liability Company)	r records.)			
The Articles of Organization for this Limited   Florida document number L00000013802	Liability Company	were filed on 11/09/2000	0	and assi	gned	
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the a	bbreviation "L.1	C."	
Enter new principal offices address, if applicable:		221 West Hallandale Beach Blvd.				
(Principal office address MUST BE A STRE		Suite 107				
	Hallandale, FL 33009					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		221 West Hallandale Be Suite 107	each Blvd.		<del></del> -	
		Hallandale, FL 33009				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Hagai Shechter	<u>e</u> :		CRETANT AHASSEE	the ne	
New Registered Office Address:	New Registered Office Address: 221 West Hall			FF OR	·	
	Hallandale		Florida	300		
		City		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.

f Changing Registered Agent/ Signature of New Registered Agent

Page 1 of 3

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		
MGRM	Yehuda Shechter	17555 Collins Avenue, Unit 1201	<b>5</b>		
		N. Miami Beach, FL 33160			
			Change		
MGR	Hagai Shechter	221 West Hallandale Beach Blvd., Suite 107			
		Hallandale, FL 33009			
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. Effective	e date, if other that tive date is listed, the dat	the date of fili	ng:	to date of filing or m	ore than 90 days after	onal)	ผาร กาเ
Note: If	the date inserted in the date on the date on the series of the s	iis block does not	t meet the applica	able statutory filin	g requirements, this	s date will not be	listed a
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	rd specifies a del			t an effective t	ime, at 12:01 a	a.m. on the ea	rlier (
o) Ine 9	Oth day after the	record is filed	J.				
Dated	12/18		_·	·			
	<b>\</b>	0,					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00