

L11000008276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

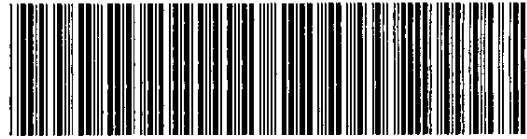
(Business Entity Name)

(Document Number)

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2011 FEB 22 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
FEB 28 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IRA17 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dror Tregar

Name of Person

IRA17 LLC

Firm/Company

17 Harbour Isle Dr. West #405

Address

Fort Pierce FL, 34949

City/State and Zip Code

group44@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dror Tregar

Name of Person

at (**954**)

6052527

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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:

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

IRA17 LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/20/2011 and assigned Florida document number L11000008276.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. 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

_____, Florida _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel Shaki	17 HARBOUR ISLE DRIVE WEST, #405 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Shabtai Rabinovich	17 HARBOUR ISLE DRIVE WEST, #405 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Farida Cohen	17 HARBOUR ISLE DRIVE WEST, #405 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Zafir Biber	17 HARBOUR ISLE DRIVE WEST, #405 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ZAHY FAINER	17 HARBOUR ISLE DR. WEST #405 FORT PIERCE FL 34949	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S	Nurit Segev	17 HARBOUR ISLE DRIVE WEST, #405 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Also please remove Mr. Nedivi Zivi from his positions of:

1) MGR - Operating Manager and 2) S - Secretary

Mr. Nedivi is no longer a Member of this LLC

Adress: 17 Harbour Isle Dr. West #405

Fort Pierce, FL 34949

Dated 02/17/2011



Signature of a member or authorized representative of a member

Dror Tregar

Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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