L110000008276

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EXAMINER

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COVER LETTER

TO:	Registration S Division of Co						
SUBJE	· CCT:						
The end	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please 1	return all corresp	condence concerning this matter	to the following:				
			Dror Tregar				
			Name of Person			2	
			IRA17 LLC			2011 MAR	
l'irm/Company				.		1AR	
					\$8.7 \$8.7	-9	r-
17 Harbour Isle Dr. West #405						70	FT
			71001035			ငှာ	£
Fort Pierce FL, 34949						9	
City/State and Zip Code							
group44@bellsouth.net E-mail address: (to be used for future annual report notification)							
For furt	ther information	concerning this matter, please co	·	ŕ			
		Dror Tregar	at (954) 60	052527			
Name of Person			Area Code & Daytime T	elephone Number			
Enclose	ed 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 Certificate Certified C (additional	of Statu opy		i)
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	17 LLC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)		
,	,,,,,,,			
The Articles of Organization for this Limited Liability Comp	any 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 "I "L.L.C."	Limited Liability Compan	y," the designation "I	LLC" or the abbrevia	_ ition
Line.			72	
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			T.
	<u></u>			All Tops
				- t
Enter new mailing address, if applicable:		į	The second second	<i>1</i>
(Mailing address MAY BE A POST OFFICE BOX)		44 42 63		_
				_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ır records, <u>enter 1</u>	the name of the I	<u>aew</u>
registered agent and/or the new registered office address	nere.			
Name of New Registered Agent:				_
New Registered Office Address:	Fort	er Florida street add	luaco	_
	ishier rational street address			
		, Florida <u></u>		_
	Citv		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name** Address Type of Action **MGRM ZAHI FAINER** 17 HARBOUR ISLE DRIVE WEST, **✓** Remove #405 FORT PIERCE, FL 34949 **Daniel Sender Moran** MGRM 17 HARBOUR ISLE DRIVE WEST. ✓ Add #405 Remove FORT PIERCE, FL 34949 MGRM Faiener Itzhak Nimrod 17 HARBOUR ISLE DRIVE WEST. ✓ Add Remove **FORT PIERCE, FL 34949** MGRM **GNDA Holdings LLC** 711 N. PINE ISLAND RD, UNIT 205 ✓ Add Remove PLANTATION, FL 33324 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 03/07/2011 Dated_ Signature of a member or authorized representative of a member Dror Tregar Typed or printed name of signee

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Filing Fee: \$25.00