## L11000104800

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•	Office Use On	······································



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## COVER LETTER

Division of Corpo			
SUBJECT: Carav	el Real Esta	te LLC	
SOBJECT.		ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Itzhak Hayo	n	
		Name of Person	
		Firm/Company	
	1940 Harris	on St #200	
		Address	
	Hollywood,	FL 33020	
		City/State and Zip Code	<del></del>
	zahihayon@gma E-mail address: (to	III.COM  o be used for future annual report notificat	ion)
For further information con	cerning this matter, please ca	n:	
Itzhak Hayo	on	786 <sub>,</sub> 419698	35
Name of F	'erson		elephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & 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

FILED 2014 AUG 29 AM 10: 56

SECKLIARY OF STATE TALLAHASSEE, FLORIDA

Caravel Heal Estate LLC		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000104800</u> .	were filed on <u>09/13/2</u>	211 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1940 Harrison St He	ollywood SUITE 200, FL 33020
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1940 Harrison St H	ollywood SUITE 200, FL 33020
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t addracs
	Lines Provide Succ	
<del></del>	Ciņ	, Florida Zip Code
Nine Desirated Accords Clarestone IC-barrier Desirated Accord	_	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address Type of Action MGR SIMHI SHAI 499 E Sheridan st Suite 205 Dania beach, FL 33004 Remove ☐ Remove □ Add \_\_ 🗆 Add \_\_\_\_ □ Remove

·		
<del></del>		
Effective date, it The effective date m the date this docum	f other than the date of filing:  ust be specific, cannot be prior to date of receipt or filed date and cannot be sent is filed by the Florida Department of State)	(optional) e more than 90 days after
the date this docum	f other than the date of filing:  aust be specific, cannot be prior to date of receipt or filed date and cannot be spent is filed by the Florida Department of State)	(optional) e more than 90 days after
the date this docum	ent is filed by the Florida Department of State)	

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Filing Fee: \$25.00

