

L120000029525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

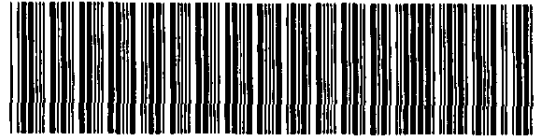
(Document Number)

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STATE OF CALIF
SACRAMENTO

J. SAULSBERRY
EXAMINER

AUG 15 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MULTIPURPOSE INVESTMENTS 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:

Lawrence Swan

Name of Person

Caloosehatche Tax

Firm/Company

709 Cape Coral Pkwy W

Address

Cape Coral FL 33914

City/State and Zip Code

office@oselka.co.il

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

For further information concerning this matter, please call:

Lawrence Swan

Name of Person

239 540-2612

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

FIL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MULTIPURPOSE INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/01/2012 and assigned Florida document number L12000029525.

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)

_____ 2013 AUG 13 AM 8:12
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_____ MIAMI FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____ 2013 AUG 13 AM 8:12
_____ FILED
_____ MIAMI FLORIDA

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:

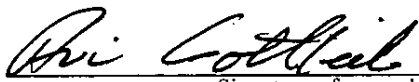
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ASSAF OSELKA	40 BEN SVI ST	<input type="checkbox"/> Add
		GIVATAIM ISRAEL 53100	<input checked="" type="checkbox"/> Remove
MGRM	Avi GOTTLEIB	39 RUPIN STREET	<input checked="" type="checkbox"/> Add
		TEL AVIVI, IS 63457 IS	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE OF CALIFORNIA

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

Dated July 29th, 2013



Signature of a member or authorized representative of a member

Avi GOTTLEIB

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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GOTTLEIB