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> SECRE DAY OF STATE ALLAHASSEE, FLORIDA

B. SOSTICK
AUG - 5 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Bela Vista - 2121 Tamuz Holdings

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:

Ronen Dagan

Name of Person

Tamuz - 2121 Bela Vista, LLC

Firm/Company

20815 NE 16th Ave, Suite #B41

Address

N. Miami, FL 33179

City/State and Zip Code

rdagan@tamuzusa.net

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

For further information concerning this matter, please call:

Ronen Dagan

₁₁305₆55-1045

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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

Bela Vista - 2121 Tamuz ł	Holdings			
(Name of the Limited	I Liability Compa A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)	_
The Articles of Organization for this Limited L Florida document number L13000060746	iability Company	were filed on April 25, 201	3 and	assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
Tamuz - 2121 Bela Vista, LLC				
The new name must be distinguishable and end wi"L.L.C."	ith the words "Limi	ted Liability Company," the desi	gnation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:		20815 NE 16th Ave	TAI S	2
(Principal office address MUST BE A STREI	ET ADDRESS)	Suite #B41	SECRE TALLAHA	2 ""Y
		N. Miami, FL 33179	HAS	Zin zanom Literatura
			<u>im</u> -:	0 l _ ****1
Enter new mailing address, if applicable:	20815 NE 16th Ave	D , 1	3	
(Mailing address MAY BE A POST OFFICE BOX)		Suite #B41	SRE '	<u>ယ</u>
		N. Miami, FL 33179	٠,0 كِ	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Tamuz Inve		, enter the nam	e of the new
	Enter Florida street address			
	N. Miami	, FI	orida <u>33179</u>	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGRM	Eitan Dagan	33 High Pasture Circle	Add
		Dix Hills, NY 11746	Remove
MGRM	Nadia Mitma	20815 NE 16th Ave	Add
		Miami, FL 33179	Remove
-			Add
		- TAC	Remove
		TALLAHASSEE, FLORIDA	Add Remove
			Add
			Add Remove

D. If amend	ding any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
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•	 	
	• 0 •	
Dated July	y 29	2013
		 ,
	Sigr	nature of a member or authorized representative of a member
	Ronen Dagan	1 / My / / h
		Pyped of printed name of signee
		Page 3 of 3
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		Filing Fee: \$25.00

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