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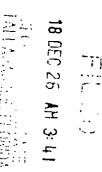
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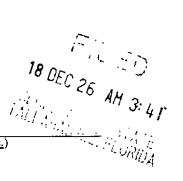
	gistration Se vision of Cor		*	
010111000	FAR GROU	JP LLC		
SUBJECT:	·	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		MIRIT ZELLER		
			Name of Person	
		ORB CPA PA		
			Firm/Company	
		6030 HOLLYWOOD BLV	/D STE 135	
			Address	
		HOLLYWOOD FL 33024		
		MIRIT@ORBCPA.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	ification)
For further	information c	oncerning this matter, please ca	all:	
MIRIT ZEI	MIRIT ZELLER 954 362-7720			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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



FAR GROUP 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 L	iability Company	were filed on 08/15/2017	and assigned
Florida document number L17000174462	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		·
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her	<u>e</u> :	cords, enter the name of the new
Name of New Registered Agent:	RAZIEL BUCH	HKIS	
New Registered Office Address:	1107 KEY PLA		· · · · · · · · · · · · · · · · · · ·
		Enter Florida street a	
	KEY WEST	200	_, Florida 33040 Zip Code
New Designation of Asset's Countries of Abouting	Designand Assets	City	<i>хір Со</i> де
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as p registered office	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
		01701	7
	If Char		ture of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
4.3.4D.D.	AVIV SHMUEL	1107 KEY PLAZA #298	
AMBR			
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet	the applicable s	e of filing or more that tatutory filing requi	(optional) 190 days after filing, rements, this date	Pursuant to 605,0207 (3 will not be listed as th
ne record specifies a dela The 90th day after the i		e, but not an	effective time,	at 12:01 a.m. (on the earlier of:
Dated	20	018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00