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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

: (815)301-2897 Fax Number

Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAKIM INVESTILLE			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number 1.19000091026	Liability Company	were filed on 04/02/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	ility 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)		3325 S. UNIVERSITY DRIVE	
		STE 201	3
		DAVIE, FL 33328	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3325 S. UNIVERSITY DRIVE	18
		STIE 201	李宝门
		DAVIE, FL 33328	
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	3325 S. UNIVI	ERSITY DRIVE, STE 201	
		Enter Florida street address	
	DAVIE		ia 33328
		Cny	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 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 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
MGR	ESTHER LEAVITT-AZULAY	3325 SOUTH UNIVERSITY DRIVE STE 201	B Add
		DAVIE, FL 33328	
			☐ Remove
			☐ Change
MGR	COHEN, YAKIM	3325 SOUTH UNIVERSITY DRIVE STE 201	7 4 11
		DAVIE, FL 33328	
			□ Remove
			☐ Change
MGR	COHEN, RUTH	3325 SOUTH UNIVERSITY DRIVE STE 201	□ Add
		DAVIE, FL 33328	19
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refrective date inserted in thi	the date of filing: must be specific and cannot be prior to date of filing or most block does not meet the applicable statutory filing to Department of State's records.	(optional) ne than 90 days after filing.) Pursuant to 605. requirements, this date will not be lister)207 d as i
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record specifies a dela he 90th day after the I	ved effective date, but not an effective ti record is filed.	me, at 12:01 a.m. on the earlie	r of:
ed	Leavitt Azıslay Signature of a member of authorized representative of		
1 50	Leavitt Aquelan		