

L19000205075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

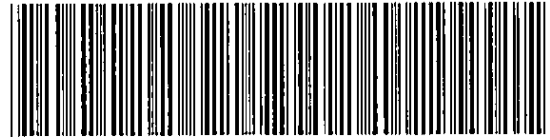
(Business Entity Name)

(Document Number)

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FILED

2019 DEC -3 AM 13

FILED 19 DEC -3 PM 4:58

DEC 0 2018  
T. LEMIEUX

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 073596 7910076  
AUTHORIZATION :   
COST LIMIT : \$ 60.00

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ORDER DATE : December 3, 2019  
ORDER TIME : 3:18 PM  
ORDER NO. : 073596-005  
CUSTOMER NO: 7910076  
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DOMESTIC AMENDMENT FILING

NAME: FEDERMAN LLC

EFFECTIVE DATE:

XX \_\_\_\_\_ ARTICLES OF AMENDMENT  
\_\_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 662968

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FEDERMAN 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:

S. ANN WILSON, ESQ.

\_\_\_\_\_  
Name of Person

WHARTON LAW GROUP, P.A.

\_\_\_\_\_  
Firm/Company

P.O. BOX 621172

\_\_\_\_\_  
Address

OVIEDO, FL 32762-1172

\_\_\_\_\_  
City/State and Zip Code

ANN@WHARTONLAWGROUP.COM

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

For further information concerning this matter, please call:

S. ANN WILSON

407 365-7193

at ( )

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

FILED

FEDERMAN LLC

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

DEC - 3 A No 43

The Articles of Organization for this Limited Liability Company were filed on August 12, 2019 and assigned Florida document number L19000205075.

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 contain 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

WHARTON LAW GROUP, PA

New Registered Office Address:

456 S. Central Avenue

*Enter Florida street address*

Oviedo

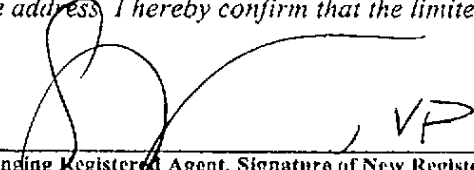
*City*

Florida 32765

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	KFIR FEDERMAN	1630 Mayfield Avenue	<input type="checkbox"/> Add
		Winter Park, Florida 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OR SHAHAM	1630 Mayfield Avenue	<input type="checkbox"/> Add
		Winter Park, Florida 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISR FEDERMAN MANAGEMEN	3 The Green	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		Dover, Delaware 19901	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 12/03/2019, \_\_\_\_\_

 Signature of a member or authorized representative of a member

OR SHAHAM  
Typed or printed name of signer

# COVER LETTER

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