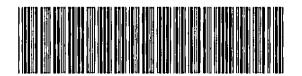
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Y. SCOTT NOV 15 2021

## **COVER LETTER**

TO:

	ration Sec on of Corp			
	naked 25, 1,	.I.C	·	
SUBJECT:		Name of Limi	ited Liability Company	<del></del>
The enclosed A	rticles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Sagi Shaked		
			Name of Person	<del></del>
		Shaked 25, LLC		2021 SEC T
			Firm/Company	
		20900 NE 30th Avenue, St	nte 715	
			Address	
		Aventura, FL 33180		2021 NOV -4 PN 3:31 SECRETY AND DE STATE
			City/State and Zip Code	
		shaked25LLC@gmail.com		
		E-mail address: ()	to be used for future annual report not	ification)
For further info	rmation co	ncerning this matter, please ca	all:	
Sagi Shaked			305 790-5037	<u></u>
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed_is a cl	heck for the	e following amount:		
■ \$25.00 Fili	ng 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)
	ng Address		Street Address:	
Registration Section Division of Corporations			Registration So Division of Co	
	Box 632	-	The Centre of	Tallahassee
Tallahassee, FL 32314			2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shaked 25, 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  $\frac{10/26/2021}{10/26/2021}$ and assigned Florida document number L21000464416 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 ablieviation "LLC." 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: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sagi Shaked	20900 NE 30th Ave, Suite 715, Aventura, FL 33180	) □Add
			≣Remove
			□Change
MEM	Anat Shaked	20900 NE 30th Ave. Suite 715, Aventura, FL 33180	) □Add
			<b>≡</b> Remove
			□Change
MGR	Shaked 18, LLC	20900 NE 30th Ave, Suite 715, Aventura, FL 33.180	<u>⊼</u> #Add
			NOV TO Remote
		OF STATE	□ □ Change  □ □ Change  □ □ Add
			□Remove
			□Change
			□Add
			□Remove
			(I) Change
	<del></del>		□Add
			□Remove
			□ Change

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	3: J
11/02/2021	· -
Affective date, if other than the date of filing:  Tan effective date is listed, the date must be specific and cannot be prior to date of filing of the listed in this block does not meet the applicable statutory of document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a. d is filed.	.m. on the earlier of: (b) The 90th day after the
Dated	
Signature of a member or authorized represents	ative of a member

Typed or printed name of signee