Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DERHY FINANCIAL SERVICES LLC

Account Number : I20090000059 Phone

Estimated Charge

: (786)380-3472

Fax Number

: (786)320-6879

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

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EATITUDE LEC

Certificate of Status 0 Certified Copy 0 Page Count Ú1

\$25.00

COVER LETTER

TO: Registration Sec Division of Corp			
EATITUDE	LLC		· • • • • • • • • • • • • • • • • • • •
SUBJECT:	Name of Limi	ted Liability Company	
			·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SHLOMI ASAYAG		
		Name of Person	
	EATITUDE LLC		
		Firm/Company	
	3047 JOHNSON ST		
		Address	
	HOLLYWOOD, FL 33021		
		City/State and Zip Code	
	derhyfinancialservices@gm	ail.com to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c		
SHLOMI ASAYAG		786 380-3 4 72	
	of Person	at ()	e Telephone Number
· · · · · · ·			
Enclosed is a check for t	he 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 Addre		<u>Street Address:</u> Registration Se	ection
Registration Division of C		Division of Co	rporations
P.O. Box 63: Tallahassee,	27	The Centre of 7 2415 N. Monro	Fallahassee be Street, Suite 810
i ananassee,	1 12 32317	Talkahassee, FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EATITUDE LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it dow appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/25/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	Ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		22
New Registered Office Address:	Enter Florida street address	F11_6
	Flori	ida = 1000V
	Ciny	Zi p G ode
New Registered Agent's Signature, If changing Registered Agent		တ်

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

MGR = Manager AMBR = Authorized Member

<u>Títle</u>	<u>Name</u>	Address	Type of Action
MGR	STEVEN BRUCE OBERDORFER	3047 JOHNSON ST	□Adđ
		HOLLYWOOD, FL 33021	≣Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Add
			Remove
			□ Change
			□ Remove
			□Change
			□Add
		- 	□Remove
			Change

Effective date, if other than the date of filing:	amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
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Dates	Dated	
Signature of a member of authorized representative of a member		Signature of a member of authorized representative of a member
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SHLOMI ASAYAG Typed or printed name of signee		

Filing Fee: \$25.00