L22000061100

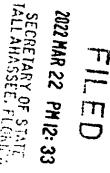
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	 -
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
J	HORNE	
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TO:

Registration Section

Div	ision of Cor	porations		
OUD INCT.	PADRES H	IAMELECH LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MEIR ELLIITUV		
			Name of Person	
			Firm/Company	
		3389 SHERIDAN STREE		
			Address	
		HOLLYWOOD, FL 33021	l	
		•	City/State and Zip Code	
		MYACCOUNTANT@TAN		
		E-mail address: (to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please ca	all:	
MAYA RA	ZLA		954 9839394 at ()	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne 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)
	iling Addres		Street Address: Registration S	ection
	_	Section Sorporations	Division of Co	
P.0	O. Box 632	2.7	The Centre of	•
Ta	llahassee. l	FI. 32314	2415 N. Mont	oc Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PADRES HAMELECH 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 $\frac{2/15/2022}{1}$ Florida document number _____L22000061100 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PARDES HAMELECH LLC 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: 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.

City

, Florida

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11 amenuing Authorized rerson(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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
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fan ef <u>Sote:</u>	ive date, if other than the date of filing:
record is fi	rd 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 led.
Dated	
	Main Collist
	753CANDOWAI
	Signature of a member or authorized representative of a member