# Florida\_Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

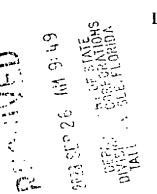
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 PELEG EFRAT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

#### Fax 8134365206

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PELEG EFRAT LLC		
(Name of the Limited Liability Company as it now appr (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number _L23000430814	09/15/2023 and assignment	ened
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited flability company	<u>here</u> :	
PELEG FL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.	<del></del>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del>-</del>
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 agent and/or the new registered office address here:  Name of New Registered Agent:	records, enter the name of the new	registered
New Registered Office Address:	SEP	<del>}</del>
	bruda sir cet address	
Cip	Florida <u></u> <del> Zap</del> Ce <u>rit</u>	<del></del> _
New Registered Agent's Signature, it changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in	s capacity. I further agree to comply of my duties, and I am familiar with	and

9/25/2023,14 16:47 P.D.T.

To: 13506176383

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From Registered Agents Inc.

Fax: \$134365206

# 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
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. If amending any other informa	tion, enter change(s) here	v: (Attach additional si	icets, if necessary, i	
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior ack does not meet the applica	able statutory filing requi		
he record specifies a delayed effective ord is filed.	e date, but not an effective to	me, at 12:01 a.m. on the c	earlier of: (b) The 90th day	after the
Dated <u>September 25</u>	. 2023	<u> </u>		
	Signature of a member or author	J /-1 V /	mber	
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		oin Jones		