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SECRETARY OF STATE
TABLE A ASSEE, FLORIDA

T. CLINE
SEP 2.8 2011
EXAMINER

COVER LETTER

то:	Registrațion : Division of C		•			
SUBJI	ECT:	ISRAE	L ZAKEN, LLC			
		Name of Lin	nited Liability Company		-	
The en	closed Articles of	of Amendment and fee(s) are so	ubmitted for filing.			
Please	return all corres	pondence concerning this matte	er to the following:			
			Ronen Dagan	911 1		
			Name of Person			
			Israel Zaken, LLC			
			Firm/Company		_	
	20815 NE 16th Ave., #B-7 Address					
					15 ZS	
	No. Miami Beach, FL 33179 City/State and Zip Code				2011 SEP 2	to-14.5 P
					- ASA	6.43000 6.40000
					7 P	
			(to be used for future annual re	port notification)	OF ST	F
For furt	her information	concerning this matter, please	call:		STATE LORIDA	
	R	lonen Dagan	at (305)	655-1045	## · · · · · · · · · · · · · · · · · ·	
Name of Person			Area Code &	er		
Englace	dia o abaal: fan	the following amount				
		the following amount:	□#65 00 EU' E 0	-1 000 00 P	91 B	
[] \$23.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is a	enclosed) Certifie	ate of Status &	ed)
						
MAILING ADDRESS: Registration Section		STREET/0 Registratio	COURIER ADDRESS: n Section			
Division of Corporations P.O. Box 6327 Tallahassaa, FL 32314			Division of	f Corporations		
			Clifton Bui			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I:	srael Zaken, LLC				
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appear ida Limited Liability Company)	<u>'s on our records.</u>)		
The Articles of Organization for this Limited Liabili	ty Company were filed on	5/7/10		and assi	gned
Florida document numberL10000049621	<u>l</u> .				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designatio	n "LLC"	or the a	bbreviatio
Enter new principal offices address, if applicable:		<u></u>	.amd		
(Principal office address MUST BE A STREET AL	ODRESS)		A		
			<u> </u>	R	and the same
			ASA	~o ⊗	ervent.
Enter new mailing address, if applicable:		SHE	-	E CHANCE THE	
(Mailing address MAY BE A POST OFFICE BOX)		7.0	7	g Fn etty
			55 55	Ģ.	
			- 5	7	
B. If amending the registered agent and/or re	gistered office address on o	ur records, ente	er the na	ame of	the nev
registered agent and/or the new registered office a					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
<u></u>					
	City		Ziį	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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGRM** Israel Zaken 20815 NE 16 Ave., #B-7 ✓ Add No. Miami Beach, FL 33179 Remove Add ☐ Remove ☐ Add Remove Reflove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 22 Dated _ Signature of a member of authorized representative of a member Ronen Dagan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00