## 110000120659

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone i	#)
PICK-UP	WAIT	MAIL
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J. SAULSBERRY **EXAMINER** 

MAY 25 2012

## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: ED Invesment Ph	operties Luc	
(mame of Limited Lia	tomy Company)	
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for	
Please return all correspondence concerning this m	natter to:	
Shlomi Denan (Contact Person)		
(Contact Person)		
ED INVESMENT Properties LCC (Firm/Company)	2012 MAY 24 AM 8: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1454 E 145 <sup>+</sup> (Address)	SSEE.	
(Address)	FIS T	
Brookeyn NY 11230 (City/State and 7 in Code)	8: 52 TATE ORID'A	
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Shlomi Denun at ( (Name of Contact Person) (A	9/7 5/7-9689 Trea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$\sqrt{\$25}\$ Filing Fee	Florida Department of State for:  \$55 Filing Fee &  Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	nts froperties LLC	
(A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 11-19-2010	and assigned
Florida document number L 10000 120459	i	E T
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited lize	ability company here:	Y24 AM 8:5
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LL	
Enter new principal offices address, if applicable:	1201 NE 176 T	Err
(Principal office address MUST BE A STREET ADDRESS)	N.Miami, FL 3316:	<u> </u>
Enter new mailing address, if applicable:	Shlomi Denan	
(Mailing address MAY BE A POST OFFICE BOX)	1454 E. 14 STr	eer
	Brooklyn, ny	11530
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		name of the new
Name of New Registered Agent:	Shlomi Denan	
New Registered Office Address:	1201 NE 176 ter	
	Enter Florida street addre	
<del></del>	City, Florida	3 3 \ 6 2 Zip Code
	Ç <i>y</i>	Dip 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name <u>Address</u> Type of Action Eran Danan Shlomi Danan 2493 Andros Lane Fort Lauderdak, FL 33312 **X** Remove 🔀 Add Remove Remove Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, DELANSE OF ∏Add Remove Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00