

L 13000020656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

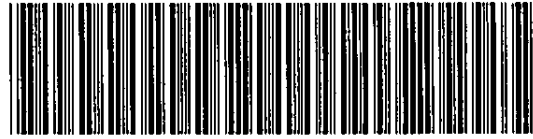
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900250756249

08/19/13--01018--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 19 PM 2:54

AUG 20 2013

T. HANCOCK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1501 INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAHY BARRAL

Name of Person

MULLEN & BIZZARRO, P.A.

Firm/Company

2929 E. COMMERCIAL BLVD. PH-C

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

elihalali@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY BARRAL

Name of Person

954 772-9100

at () Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1501 INVESTMENTS 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 02/08/2013 and assigned
Florida document number L13000020656

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 19 PM 2:55

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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

_____, Florida

City

Zip 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:

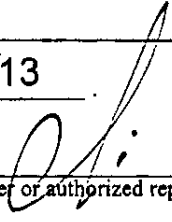
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|------------------------|---|
| MGRM | ORNA ERLICH SOLTANA | 1061 NE 32ND STREET | <input checked="" type="checkbox"/> Add |
| | | OAKLAND PARK, FL 33334 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION
AUG 9 PM 2:55

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 8, 2013



Signature of a member or authorized representative of a member

EYAL E. HALALI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION
13 AUG 19 PM 2:55