Division of Corporations

2015 17:36/ST. 17:35/No. 9304818733 P

Page 1 of 2

5

lorida Department of State **Division of Corporations**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000090723 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FEINBERG AND MAIDENBAUM

Account Number : 120070000045 Phone

: (954)962-8889

Fax Number

: (954)966-6259

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

2601 M L FUND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

APR 1 5 2015

Electronic Filing Menu

Corporate Filing Menu

Help

(((H15000090723 3)))

ARTICLES, OF AMENDMENT ARTICLES OF ORGANIZATION

2601 M L FUND, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now andears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on FEB. 24, 2015 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and end with the words "Limited Liability Con	mpany," 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:	-1,0 -1
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	EM B T
B. If amending the registered agent and/or registered office at registered agent and/or the new registered office address here:	- "il
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Name of New Registered Agent:	ক্রিন ও জন্ম
New Registered Office Address:	Enter Florida street address
Cin	, Floridu
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 heing 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

Page 1 of 3

(((H15000090723 3)))
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Agdress</u>	Type of Action
AMBR	MENACHEM GUREVITCH	399 WHALLEY AVE., SUITE 103	A dd
		NEW HAVEN, CT 06511	IX Remove
AMBR	NETZ U.S.A., LLC	125 MENACHEM BEGIN, 24TH FLOOR	
		TEL AVIV, ISRAEL	Ø Remove
MGR_	MENACHEM GUREVITCH	399 WHALLEY AVE., SUITE 103	ದ Add
		NEW HAVEN, CT 06511	Semove
			Add O
			_
			_□ Add
			_□ Remove
			_ _□ ∧dd
			_□ Remove

is managed by a manager and the manager's name is	MENACHEM GUREVITCH 399 WHALLEY AVE., SUITE 103
the date this document is filed by the Florida Department of State) Dated APRIL 13 2014	1

Page 3 of 3

Filing Fee: \$25.00