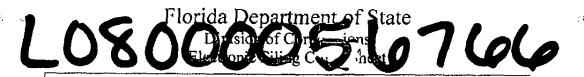
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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000033

Phone Fax Number

: (305)932-6262 : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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TO:

Registration Section Division of Corporations

SUBJECT:

MESCOLATO 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call;

Yolanda L. Fornaris

,,305、932-6262

Name of Person

Ama Cada

Daytime Telephone Number

linelosed is a check for the following amount:

■ \$25.00 Filmg Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ \$60.00 Fifing Fee, Certificate of Status & Certified Copy (additional sopy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURTER ADDRESS:

Registration Section Division of Corporations Clifton Hudding 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MESCOLATO LLC						
Clane of the Lin	ited Linbility Compan (A Florida Limited L	y as it now appears on ability Company)	our records.)	****		
The Articles of Organization for this Limited Florida document number 1.08000056766  This amendment is submitted to amend the fol A. If amending name, enter the new name	Liability Company v	vere filed on <u>06/06</u>		and as	signed	
The new mane must be distinguishable and and with the	words "Limited Liabile	ty Company," the design	nation "LLC" or the abl	revistion "	L.IC."	
Enter new principal offices address, if appli	cable:			≨s	20	
(Principal office address MUST BE A STRE.					ciri	
				五四	25	100
				SS	7	) I
Enter new mailing address, if applicable:				ΜÖ	J.	
Mailing address MAY BE A POST OFFICE	BOX)			70:		
				差土	<u>ယ</u>	
			*	7	_	
<ol> <li>If amending the registered agent and registered agent and/or the new registered or</li> </ol>	/or registered offi flice address here:	ce address on our	records, enter th	e name	of the u	<u>e vy</u>
Name of New Registered Agent:	Nir Shoshani			- ·		
New Registered Office Address:						
	<del> </del>	Enser Floricks str	eel address			
		·	Florida	· ··		
		City		Zip Code		
len Registered Agent's Signature, if changing						
hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery filed to merely reflect a change in the company has been notified in writing of this	er and complete po stered agent as pro registered office ac change.	erformands of my de ovided for in Chapte	ulies, and Fam fan er 605, F.S. Or. if ifirm that the limit	ntiar with this docu ed habilt	h and ment is D	ie
		-				

Page 1 of 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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
MGR	Nir Shoshani	1111 Park Centre Blvd Suite 45	50 □ Add
		MIAMI, FL 33169	Remove
AR	S & A Company Management, LLC	2875 NE 191st Street, Suite 80	1 <b>\$</b> Add
		Aventura, FL 33180	Remove
<del></del>			D Add D Remove
			2815 APR.27
			Remove

D. Hamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	) The management of the Limited Liability Company is reserved to the
n	nembers.
-	
E. Effectiv	e date, if other than the date of filing:
	safter the date this document is filed by the Florida Department of State.
Dated	April 09 2015.
	Signature of a member or authorized representative of a member
	Nir Shoshani - Manager
	Typed or printed name of signed
	Page 3 of 3

WISAPR 27 AM 8: 31