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(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAELSON CONSTRUCTION AND MANAGEMENT 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:

MICHAEL AHARON
Name of Person

Firm/Company

20592 CAROUSEL CIR W.
Address

BOCA RATON, FL 33434
City/State and Zip Code

HAROUNIGEM@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL AHARON at (561) 299-8644
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MICHAELSON CONSTRUCTION AND MANAGEMENT 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 6-19-2017 and assigned Florida document number L17000132929.

This amendment is submitted to amend the following:

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

MICHAELSON CONSTRUCTION AND MANAGEMENT LLC
The new name must be distinguishable and contain 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**)

20598 CAROUSEL CIR W
BOCA RATON FL 33434

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

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member


Title	Name	Address	Type of Action
MGR	MICHAEL AHARON	20598 CAROUSEL CIR W	<input checked="" type="checkbox"/> Add
		BOCA RATON FL	<input type="checkbox"/> Remove
		33434	<input type="checkbox"/> Change
MBR	NEOMI HAROUN	20598 CAROUSEL CIR W	<input type="checkbox"/> Add
		BOCA RATON FL	<input type="checkbox"/> Remove
		33434	<input checked="" type="checkbox"/> Change
MBR	JOSEPH AHARON	4840 NW 4 TH ST	<input type="checkbox"/> Add
		BOCA RATON FL	<input type="checkbox"/> Remove
		33434	<input checked="" type="checkbox"/> Change
MBR	JENNIFER AZAR K	185 BREANTON AVE	<input type="checkbox"/> Add
		LONG BRANCH NJ	<input type="checkbox"/> Remove
		07740	<input checked="" type="checkbox"/> Change
MBR	SHAMUEL AHARON	9691 ARBOR OAKS CT	<input type="checkbox"/> Add
		BOCA RATON FL	<input type="checkbox"/> Remove
		33428	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 11/1/2017 .


Signature of a member

Signature of a member or authorized representative of a member

MICHAEL A. HARCIN
Typed or printed name of signee

Typed or printed name of signee