L20000102404

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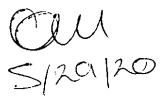
05/11/20--01011--019 **25.00 -

FILED

2020 MAY 11 PM 1: 41

SECRETARY OF STATE

ALLAHASSEE, FLORE



COVER LETTER

TO: Registration Section Division of Corporations VOLAR GROUPLIC SUBJECT: 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: Adam Benchaya Name of Person Volar Group LLC Firm/Company 19940 w dixie hwy #13201 Address miami, FL, 33180 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adam Benchaya 305 9027677 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee &

Mailing Address:

■ \$25.00 Filing Fee

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

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

If Changing Registered Agent, Signature of New Registered Agent

Volar Group LLC

2020 HAY | | PM |: 4|

. (VFlorida Limited Liab	ollity Company)	ALLAHASSEC. FE	Gid.
The Articles of Organization for this Limited Liab Florida document number 1.2(NNX)102404		ere filed on	4/14/202	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabilit</u>	y company here	:	
The new name must be distinguishable and contain the wor	ds "Limited Liability (Company," the desig	mation "LLC" or the ab	breviation "L.I.,C."
Enter new principal offices address, if applicab	ole:		·	
(Principal office address MUST BE A STREET	ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	eistered office add		ords, <u>enter the nam</u>	
		Enter Florida	street address	
		<u>.</u>	, Florida	
N. O. S. LA S. C. S. M. L. D.		City		Zip Code
New Registered Agent's Signature, if changing Regard Provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the registed company has been notified in writing of this change in the register and the register an	agent and agree to and complete per ered agent as pro- gistered office ad	rformance of my vided for in Cha	duties, and Lam f pter 605, F.S. Or,	amiliar with and if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ERAN ENTERPRISE LLC	2950 NE 188TH ST APT 423 AVENTURA, FL 33480	□Add
			≣Remove
MGR	ERAN ENTERPRISE INC	2950 NE 188TH ST APT 423 AVENTURA, Ft, 33180	☐ Change
			■Add
			□Remove
			□Clunge
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			ПRетюve
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) dective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
n :	04/21/2020
Dated	- Ch
	Signature of a member or authorized representative of a member
	Adam Benchaya
	Typed or printed name of signee

Filing Fee: \$25.00