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COVER LETTER

TO:

TO:	Registration Sect Division of Corpo			
SUBJE	ЕСТ:	130 Ma Name of Lin	Zel Tov Est nited Liability Company	ate LLC
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Ra	Ymonde Cha Name of Person	11/1/61-
			Firm/Company	
		366	Address Forge	Rd
			City/State and Zip Code	<u> </u>
		E-mail address:	to be used for future annual report not	ofication)
For fur	ther information co	ncerning this matter, please	call:	
	a mondo Name of	Charlier	at (954) 560 Area Code Daytin	ne Telephone Number
Enclos	sed is a check for the	e following amount:		
D 99	35.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

130 Mazel lov Estate 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 $01/04/21$ and assigned Florida document number 121000012142 .
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 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)
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: Sold Stell Stell
New Registered Agent's Signature, il 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Signa	ture of a member or a	uthorized representa	tive of a member		