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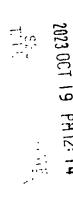
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: AM	1ERICA VERS Name of Limi	ANO LLC . ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ak MAZOR DA Name of Person	NA MAZOR
	AMERICA	VERSANO LL	<u></u>
	169 E. F.	lagler st suite	1029
	MIAM	/ F/ 33/3 Éity/State and Zip Code	/
	Itzikadroc E-mail address (4)	imail. Com be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ath:	
Itzha Name o	k Mazor f Person	at (954 ) 536 - Area Code Daytime	Y 17C) e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICA VER  (Name of the Limited Liability Compa (A Florida Limited L	SANO LLC ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L (2000/4/578</u> .	were filed on <u>NoV 8 2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	169 E. Flagler St.	
(Principal office address MUST BE A STREET ADDRESS)	Guite 1029 DUPUN	+ Bldg.
	MIAMI, FL 33/31 -	<u>S. 23</u>
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>i</u> 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

## 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 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
ANBR	Itzhak MAZOR	169. E. Flegler St # 1029, MIAMI 3313	31 DAdd
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
7	tzhak MAZOR 51%
7	DANA MAZOR 49%
<del>-</del>	) in 12015 1/0
	at Itzhak Mazar change the principal address, Juthorize personls) address for Dang Mazar and Itzhak Mazar to 169 E. Flogterst Stelo29 niami, Fl 33131
_	
Note: If	e date, if other than the date of filing:
If the record : record is filed	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 d.
Dated	Signature of a member or authorized representative of a member
	TTZHAK MAZOR Typed or printed name of signee
	Typed or printed name of signee