I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ILAN KEDEM

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000006494

Entity Name: ARTAX FINANCIAL SERVICES LLC

Current Principal Place of Business:

1423 SE 10 STREET SUITE 1 CAPE CORAL, FL 33990

Current Mailing Address:

33 MAHALE HATZOFIM STREET B3 RAMAT GAN, 45288 IS

FEI Number: 82-3953181

Name and Address of Current Registered Agent:

WAINER, ASHER 1423 SE 10 STREET SUITE 1 CAPE CORAL, FL 33990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGRM	Title	MGR
Name	WAINER, ASHER	Name	KEDEM, ILAN
Address	33 MAHALE HATZOFIM STREET	Address	1423 SE 10 STREET SUITE 1
City-State-Zip:	RAMAT GAN IS 45288	City-State-Zip:	CAPE CORAL FL 33990

FILED Jan 23, 2023 Secretary of State 2708255921CC

Certificate of Status Desired: No

other like empowered. MANAGER 01/23/2023

Date

Date