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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificat	es of Status		

Special Instructions to Filing Officer:

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**EXAMINER** 

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SECRETARY OF STATE PALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

Division of Corporations	
SUBJECT: Amnon BA Investments UC	
(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:	
Yoram Ben-Amrain (Name of Person)	
(Name of Person)	
(Firm Company)	
21121 NE 19 <sup>th</sup> Av. (Address)	
P10 ~-	
North Mani Beach FL 33/79 ARE APR (City State and Zip Code)  (City State and Zip Code)	T
(City State and Zip Code)	<u></u>
For further information concerning this matter, please call:	ロニョフ
(Name of Person)  at (305) 527- 7802	
(Name of Person) (Area Code & Daytime Telephone Number 1.	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

	Investments LLC		
(Name of the Limited I (A)	Liability Company as it now appears on our Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on	and assigned	
This amendment is submitted to amend the follow	wing:	FILE SECRETARY C	
A. If amending name, <u>enter the new name of t</u>		DF STU	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company," the c	designation LC or the abbreviation	
B. If amending the registered agent and/or the new registered offi	*	rds, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address: 2117.1 NE 19th Avenue  [Also new Principal  and Mailing Address] North Miani Beach, Florida 33/79			
[Alsonew Principal and Mailing Address]	North Mani Beach (City)	Florida 33/79 (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 608, 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title Name Address □ Add Remove Add Remove Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Address of MGRM Yoram Ben Amoun and MGRM 21121 NE 19th Avenue North Mani Beach FL 33/79 April Signature of a member or authorized representative of a member Yoram Ben- Amram Typed or printed name of signee

言語等の事業の問題の

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00