

LO6000030131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

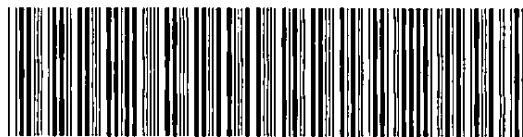
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JUN 23 AM 9:59
TALLAHASSEE, FLORIDA

JUN 23 PM 2:00

S. WARREN

JUN 26 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahsee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 697920 7878821

AUTHORIZATION

COST LIMIT *Squibb et al. Inc.*
\$ 25.00

ORDER DATE : June 23, 2017

ORDER TIME : 12:59 PM

ORDER NO. : 697920-005

CUSTOMER NO: 7878821

DOMESTIC AMENDMENT FILING

NAME: 7441 COLLINS AVENUE, LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

7441 COLLINS AVENUE, 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 March 17, 2006 and assigned Florida document number L06000030131.

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 "L.L.C." 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: _____

Enter Florida street address

_____, Florida _____
City 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 Changing Registered Agent, Signature of New Registered Agent

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STATE
FLORIDA
CLERK

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>	<u>Type of Action</u>
MGRM	Haim Yehezkel	210 - 71st Street, Suite 309	<input type="checkbox"/> Add
		Miami Beach, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Avi Dishi	571 W. 183rd Street	<input type="checkbox"/> Add
		New York, NY 10033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Haim Yehezkel	210 - 71st Street, Suite 309	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Avi Dishi	571 W. 183rd Street	<input checked="" type="checkbox"/> Add
		New York, NY 10033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRET
 LONDON

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

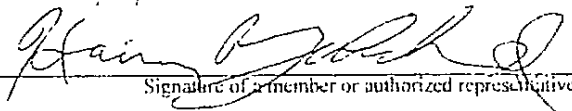
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 6-23-17, 2017


Signature of a member or authorized representative of a member

Haim Yezekel, Manager/Managing Member/Member
Typed or printed name of signer

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STATE OF FLORIDA
CORPORATION