## L07000112463

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SECRETARY OF STATE

J. BRYAN

SEP 23 2010

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: PLACIE	DUS, LLC					8
(Name of Limited Liability Company)						
	Amendment and fee(s) are sub ondence concerning this matter		·			
	PAZ SHOHAM, EA					
		(Name of Person)		•		
	HLBC					
		(Firm/Company)		_		
	2320 Hollywood BLVD					
		(Address)		ESE SEC	5	
•	Hollywood, FL 33020				SEP	7
		(City/State and Zip Code)	,	ASSE ASSE	22	FILED
For further information of	concerning this matter, please of	call:		E FLO	22 PH 12: 55	D
Paz Shoham		at (_954_ <sub>)</sub> 272-8563		RBA	25	ı
(Name of Person) (Area Code & Daytime Telephone Number)		er)				
Enclosed is a check for t	he following amount:	·				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stati		osed)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER Registration Section Division of Corporation				

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLACIDUS, 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 Liabi	lity Company were filed on 11/30/2009	and assigned		
Florida document number L07000112463	<del>.</del>	SEP 27		
This amendment is submitted to amend the following	ng:	SEEE,		
A. If amending name, enter the new name of the	e limited liability company here:	SEP 22 PM 12: 55 LLAHASSEE, FLORIDA		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)				
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	(Enter Flor	rida 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 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM_	Shmuel Shalev	19 Kovshei Ha'hermon st. Kirvat Ekron Israel	
MGRM	Micah Menes	1 Azrieli Center, Tel-Aviv 67021 Tel-Aviv 67021 Israel	Add Remove
MGRM	Michael Shachor	1 Azrieli Center. Tel-Aviv 67021 Tel-Aviv 67021 Israel	Add Remove
MGRM	Ophir Bashan	14 Shine Max st. Apt 53 Rehovot 76666 Israel	Add Remove
MGRM	JOSH LEAVITT	13037 MULBERRY PARK DRIVE ORLANDO FL 32835	Add Remove
MGR	JOSH LEAVITT	13037 MULBERRY PARK DRIVE ORLANDO FL 32835	d Add d Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary	y.)
			10 SEP 22 PM
	· · · · · · · · · · · · · · · · · · ·	Placidus L	L6 79
Dated Augu	1 20 201		
	Josh Lea Signature of a mem	13037 Mulberry Park Orlando FL 3283 aber or authorized representative of a member	Drive
	JOSH LEAVITT		
	Tyr	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00